

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF TEXAS

Case number (if known): _____ Chapter you are filing under:

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Steven First Name Jeffrey Middle Name Cyr Last Name Suffix (Sr., Jr., II, III)	 First Name Middle Name Last Name Suffix (Sr., Jr., II, III)
2. All other names you have used in the last 8 years Include your married or maiden names.	Steve First Name Middle Name Cyr Last Name	 First Name Middle Name Last Name
3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx - xx - 1 5 2 4 OR 9xx - xx -	xxx - xx - OR 9xx - xx -
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	<input type="checkbox"/> I have not used any business names or EINs. Orthopaedic & Spine Institute, LLC Business name OSI Medical Management, LLC Business name Osteocorpus Non-Profit Foundation, LLC Business name	<input type="checkbox"/> I have not used any business names or EINs. Business name Business name Business name

Debtor 1 **Steven Jeffrey Cyr**

Case number (if known) _____

About Debtor 1:

US Toxicology, LLC

Business name

Lone Star Lien Solutions, LLC

Business name

Trident Toxicology, LLC

Business name

Spine & Orthopaedic Institute, LLC

Business name

Neurosteon Spine, LLC

Business name

Steven J. Cyr, M.D., P.A.

Business name

OsteoCorps, LLC

Business name

ASAP Ortho

Business name

Texas Spine & Orthopaedic Institute

Business name

Water's Edge at Sunrise Beach Village H

Business name

EIN _____

EIN _____

5. Where you live

15 Esquire

Number Street

San Antonio TX 78257

City State ZIP Code

Bexar

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

About Debtor 2 (Spouse Only in a Joint Case):

Business name

Business name

Business name

Business name

Business name

Business name

Business name

Business name

Business name

Business name

EIN _____

EIN _____

If Debtor 2 lives at a different address:

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

- | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|---|---|--|
| 6. Why you are choosing this district to file for bankruptcy | <i>Check one:</i>
<input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

<input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.) | <i>Check one:</i>
<input type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

<input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.) |

Part 2: Tell the Court About Your Bankruptcy Case

- 7. The chapter of the Bankruptcy Code you are choosing to file under**
- Check one:* (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.
- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13
- 8. How you will pay the fee**
- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.
- 9. Have you filed for bankruptcy within the last 8 years?**
- ☒ No
☐ Yes.
- | | | |
|----------------|----------------|-------------------|
| District _____ | When _____ | Case number _____ |
| | MM / DD / YYYY | |
| District _____ | When _____ | Case number _____ |
| | MM / DD / YYYY | |
| District _____ | When _____ | Case number _____ |
| | MM / DD / YYYY | |
- 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**
- ☒ No
☐ Yes.
- | | |
|----------------|-------------------------------|
| Debtor _____ | Relationship to you _____ |
| District _____ | When _____ Case number, _____ |
| | MM / DD / YYYY if known |
| Debtor _____ | Relationship to you _____ |
| District _____ | When _____ Case number, _____ |
| | MM / DD / YYYY if known |

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

11. Do you rent your residence?
- ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?
- ☐ No. Go to Part 4.
- ☒ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Steven J. Cyr, M.D., P.A.

Name of business, if any

15 Esquire

Number Street

San Antonio

City

TX

State

78257

ZIP Code

Check the appropriate box to describe your business:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- ☒ No. I am not filing under Chapter 11.
- ☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
- ☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

☒ No
☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number Street

City

State

ZIP Code

Debtor 1 **Steven Jeffrey Cyr**

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Steven Jeffrey Cyr** Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

- 16. What kind of debts do you have?**
- 16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☒ No. Go to line 16b.
☐ Yes. Go to line 17.
- 16b. Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- ☐ No. Go to line 16c.
☒ Yes. Go to line 17.
- 16c.** State the type of debts you owe that are not consumer or business debts.

- 17. Are you filing under Chapter 7?**
- ☐ No. I am not filing under Chapter 7. Go to line 18.
- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☒ No
☐ Yes
- 18. How many creditors do you estimate that you owe?**
- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |
- 19. How much do you estimate your assets to be worth?**
- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |
- 20. How much do you estimate your liabilities to be?**
- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Steven Jeffrey Cyr
Steven Jeffrey Cyr, Debtor 1

Executed on 01/20/2018
MM / DD / YYYY

X _____
Signature of Debtor 2

Executed on _____
MM / DD / YYYY

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X /s/ Ronald J. Johnson Date **01/20/2018**
Signature of Attorney for Debtor MM / DD / YYYY

Ronald J. Johnson
Printed name

The Law Office of Ronald J. Johnson
Firm Name

111 Soledad, Ste 1350
Number Street

San Antonio **TX** **78205**
City State ZIP Code

Contact phone **(210) 472-0500** Email address **ronjohnson@rjohnsonlaw.com**

10787500 **TX**
Bar number State

Fill in this information to identify your case and this filing:

Debtor 1	Steven	Jeffrey	Cyr
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
☒ Yes. Where is the property?

1.1.

15 Esquire

Street address, if available, or other description

San Antonio TX 78258
 City State ZIP Code

Bexar
 County

Debtor's Homestead

Legal Description:
NCB 16386 (THE CHATEAUX AT THE DOMINION PUD), BLOCK 29 LOT 39

(BBVA Compass)

Title is held in the Qualified Exempt
Steven & LeAnn Cyr Revocable Living
Trust

What is the property?

Check all that apply.

- ☒ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other

Who has an interest in the property?

Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

Other information you wish to add about this item, such as local
property identification number: 16386-029-0390

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$2,035,380.00	\$2,035,380.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee simple subject to mor

☒ **Check if this is community property**
 (see instructions)

Debtor 1 **Steven Jeffrey Cyr**

Case number (if known) _____

<p>1.2.</p> <p>8 Villers St Paul</p> <p>Street address, if available, or other description</p> <hr/> <p>San Antonio TX 78257</p> <p>City State ZIP Code</p> <hr/> <p>Bexar</p> <p>County</p> <hr/> <p>8 Villers St Paul, San Antonio, TX 78257</p>	<p>What is the property? Check all that apply.</p> <p><input checked="" type="checkbox"/> Single-family home</p> <p><input type="checkbox"/> Duplex or multi-unit building</p> <p><input type="checkbox"/> Condominium or cooperative</p> <p><input type="checkbox"/> Manufactured or mobile home</p> <p><input type="checkbox"/> Land</p> <p><input type="checkbox"/> Investment property</p> <p><input type="checkbox"/> Timeshare</p> <p><input type="checkbox"/> Other _____</p> <p>Who has an interest in the property? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p>Other information you wish to add about this item, such as local property identification number: <u>16386-029-0480</u></p>	<p>Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i>.</p> <table border="0"> <tr> <td>Current value of the entire property?</td> <td>Current value of the portion you own?</td> </tr> <tr> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> </table> <p>Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.</p> <p>Conventional Real Estate</p> <hr/> <p><input type="checkbox"/> Check if this is community property (see instructions)</p>	Current value of the entire property?	Current value of the portion you own?	<u>\$0.00</u>	<u>\$0.00</u>
Current value of the entire property?	Current value of the portion you own?					
<u>\$0.00</u>	<u>\$0.00</u>					

Legal Description:
NCB 16386 (THE CHATEAUX AT THE DOMINION PUD), BLOCK 29 LOT 48

BBVA Compass Bank is mortgage lien holder secured by warranty deed of the real property to Bergerud Heritage Trust "BHT". BHT is a spend thrift trust created by Debtor spouse's parents and is a beneficiary of the trust. Debtor has neither title or equity interest in property. Debtor is a co-signer on note only.

Debtor is guarantor of mortgage lien to BBVA Compass

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here..... ➔ **\$2,035,380.00**

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
- ☒ Yes

<p>3.1.</p> <p>Make: Bentley</p> <p>Model: Continental GT</p> <p>Year: 2013</p> <p>Approximate mileage: _____</p> <p>Other information: 2013 Bentley Continental GT</p>	<p>Who has an interest in the property? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this is community property (see instructions)</p>	<p>Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i>.</p> <table border="0"> <tr> <td>Current value of the entire property?</td> <td>Current value of the portion you own?</td> </tr> <tr> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> </table>	Current value of the entire property?	Current value of the portion you own?	<u>\$0.00</u>	<u>\$0.00</u>
Current value of the entire property?	Current value of the portion you own?					
<u>\$0.00</u>	<u>\$0.00</u>					

(Firstmark FCU)

**Debtor has no equity interest -
signatory on lease
Debtor surrendered to lienholder
1/18/2018**

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

3.2.	Who has an interest in the property?	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Make: <u>Mercedes Benz</u>	Check one.	Current value of the entire property?	Current value of the portion you own?
Model: <u>G 550</u>	<input type="checkbox"/> Debtor 1 only		
Year: <u>2016</u>	<input type="checkbox"/> Debtor 2 only		
Approximate mileage: _____	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information: <u>2016 Mercedes Benz G550</u>	<input type="checkbox"/> At least one of the debtors and another	<u>\$0.00</u>	<u>\$0.00</u>
	<input type="checkbox"/> Check if this is community property (see instructions)		

(Firstmark FCU)

Debtor has no equity interest - signatory on lease

3.3.	Who has an interest in the property?	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Make: <u>Cadillac</u>	Check one.	Current value of the entire property?	Current value of the portion you own?
Model: <u>Escalade ESV</u>	<input type="checkbox"/> Debtor 1 only		
Year: <u>2015</u>	<input type="checkbox"/> Debtor 2 only		
Approximate mileage: _____	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information: <u>2015 Cadillac Escalade ESV</u>	<input type="checkbox"/> At least one of the debtors and another	<u>\$0.00</u>	<u>\$0.00</u>
	<input type="checkbox"/> Check if this is community property (see instructions)		

(GM Financial)

Debtor has no equity interest - signatory on lease

3.4.	Who has an interest in the property?	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Make: <u>Mercedes Benz</u>	Check one.	Current value of the entire property?	Current value of the portion you own?
Model: <u>2500 Sprinter</u>	<input type="checkbox"/> Debtor 1 only		
Year: <u>2013</u>	<input type="checkbox"/> Debtor 2 only		
Approximate mileage: _____	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information: <u>2013 Mercedes Benz 2500 Sprinter Van</u>	<input type="checkbox"/> At least one of the debtors and another	<u>\$0.00</u>	<u>\$0.00</u>
	<input type="checkbox"/> Check if this is community property (see instructions)		

(Firstmark FCU)

Debtor has no equity interest - signatory on lease

3.5.	Who has an interest in the property?	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Make: <u>Cadillac</u>	Check one.	Current value of the entire property?	Current value of the portion you own?
Model: <u>Escalade ESV</u>	<input type="checkbox"/> Debtor 1 only		
Year: <u>2016</u>	<input type="checkbox"/> Debtor 2 only		
Approximate mileage: _____	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information: <u>2016 Cadillac Escalade ESV</u>	<input type="checkbox"/> At least one of the debtors and another	<u>\$0.00</u>	<u>\$0.00</u>
	<input type="checkbox"/> Check if this is community property (see instructions)		

(Firstmark FCU)

Debtor has no equity interest - signatory on lease

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☐ No
☒ Yes

<p>4.1. Make: <u>Yamaha</u> Model: <u>Wave Runner</u> Year: <u>2012</u> Other information: Two 2012 Yamaha Wave Runners with Trailer</p>	<p>Who has an interest in the property? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this is community property (see instructions)</p>	<p>Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i>.</p> <table border="0"> <tr> <td style="text-align: right;">Current value of the entire property?</td> <td style="text-align: right;">Current value of the portion you own?</td> </tr> <tr> <td style="text-align: right;"><u>\$10,000.00</u></td> <td style="text-align: right;"><u>\$10,000.00</u></td> </tr> </table>	Current value of the entire property?	Current value of the portion you own?	<u>\$10,000.00</u>	<u>\$10,000.00</u>
Current value of the entire property?	Current value of the portion you own?					
<u>\$10,000.00</u>	<u>\$10,000.00</u>					

Both jet skis need extensive repair due to a water sport related accident.

<p>4.2. Make: <u>EZ Go</u> Model: <u>Custom</u> Year: <u>2009</u> Other information: EZ Go custom 3 bench golf cart</p>	<p>Who has an interest in the property? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this is community property (see instructions)</p>	<p>Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i>.</p> <table border="0"> <tr> <td style="text-align: right;">Current value of the entire property?</td> <td style="text-align: right;">Current value of the portion you own?</td> </tr> <tr> <td style="text-align: right;"><u>\$1,125.00</u></td> <td style="text-align: right;"><u>\$1,125.00</u></td> </tr> </table>	Current value of the entire property?	Current value of the portion you own?	<u>\$1,125.00</u>	<u>\$1,125.00</u>
Current value of the entire property?	Current value of the portion you own?					
<u>\$1,125.00</u>	<u>\$1,125.00</u>					

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here..... → \$11,125.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- ☐ No
☒ Yes. Describe.....

Household goods and furnishings as fully described in the attached Exhibit "A" \$42,685.00

Holiday decorations for Christmas & Halloween

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☐ No
☒ Yes. Describe.....

Media Theatre Room \$5,350.00
Screen
Projector
Electronics
Televisions
Apple Computer

As described on the home inventory attached as Exhibit "A"

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☐ No

☒ Yes. Describe..... **Replica figurines** \$9,300.00
Dallas Cowboys memorabilia
Spurs memorabilia

As described on the home inventory attached as Exhibit "A"

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☐ No

☒ Yes. Describe..... **Piano** \$3,200.00
Exercise equipment
Outdoor moveable basketball hoop w basketballs
Assorted fresh water rod and reels
2 Adult bikes
2 Children bikes
2 Strollers
Outdoor swing and slide playground set

As described on the home inventory attached as Exhibit "A"

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☐ No

☒ Yes. Describe..... **See continuation page(s).** \$1,125.00

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe..... **Debtor's clothing** \$2,000.00
Suits and sports coats
Slacks and jeans
Shirts
Boots, shoes and belts

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe..... **Breitling 1884 Chronograph Watch - Red numerals** \$14,550.00
Breitling 1884 Chronograph Watch - Oyster face
Chanel J12 Watch - Diamond hour markers
Chanel J12 Watch - Red/white numerals
Citizen Eco Drive Watch
Wedding band, White gold
Wedding band, Platinum

As described on the home inventory attached as Exhibit "A"

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☐ No

☒ Yes. Describe..... **Alaskan Malamute - neutered male.**
Very friendly family member

\$100.00

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....

\$78,310.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes..... Cash: \$0.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes..... Institution name:

17.1. Checking account: **BBVA Compass Checking account no. xxxx9055** \$210.20

17.2. Checking account: **Bank of America Checking account no. xxxxx7665**

Account dormant pending fraud investigation / identity theft in August 2016 \$0.00

17.3. Checking account: **Bank of America Checking account no. xxxx9879**

Business account for Orthopaedic & Spine Institute, LLC

Subject to lien by Broadway bank UCC filing 15-0000111433

Debtor is signatory \$21,079.96

17.4. Checking account: **Bank of America Checking account no. xxxx5573**

Business account for Orthopaedic & Spine Institute, LLC - Payroll account

Subject to lien by Broadway bank UCC filing 15-0000111433

Debtor is signatory \$1,048.06

17.5. Savings account: **Bank of America Checking account no. xxxxx6419**

Account dormant pending fraud investigation / identity theft in August 2017 \$0.00

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

- ☒ No
☐ Yes..... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

- ☐ No
☒ Yes. Give specific information about them.....

Name of entity:	% of ownership:	
<u>Orthopaedic & Spine Institute, LLC</u>	<u>100%</u>	<u>\$0.00</u>
<u>OSI Medical Management, LLC</u>	<u>100%</u>	<u>\$0.00</u>
<u>Osteocorpus Non-Profit Foundation, LLC</u>	<u>100%</u>	<u>\$0.00</u>
<u>Steven J. Cyr, M.D., P.A.</u>	<u>100%</u>	<u>\$0.00</u>
<u>OsteoCorps, LLC</u>		
<u>Assumed name, non operating LLC</u>	<u>100%</u>	<u>\$0.00</u>
<u>ASAP Ortho</u>		
<u>Assumed name, non operating LLC</u>	<u>100%</u>	<u>\$0.00</u>
<u>Water's Edge at Sunrise Beach Village HOA</u>		
<u>Debtor is an elected director</u>	<u>0%</u>	<u>\$0.00</u>

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

- ☒ No
☐ Yes. Give specific information about them..... Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- ☐ No
☒ Yes. List each account separately. Type of account: Institution name:

401(k) or similar plan: 401(k) - Orthopaedic & Spine Institute, LLC \$216,170.82

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- ☒ No
☐ Yes..... Institution name or individual:

23. Annuities (A contract for a specific periodic payment of money to you, either for life or for a number of years)

- ☒ No
☐ Yes..... Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- ☒ No
☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

- ☐ No
☒ Yes. Give specific information about them **See continuation page(s).** \$0.00

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No
☐ Yes. Give specific information about them _____

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☐ No
☒ Yes. Give specific information about them **Steven Cyr - Medical license, non-transferable** \$0.00

Money or property owed to you?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

- ☒ No
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....
 Federal: _____
 State: _____
 Local: _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No
☐ Yes. Give specific information
 Alimony: _____
 Maintenance: _____
 Support: _____
 Divorce settlement: _____
 Property settlement: _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No
☐ Yes. Give specific information _____

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☐ No
☒ Yes. Name the insurance company of each policy and list its value.....
- | Company name: | Beneficiary: | Surrender or refund value: |
|-----------------------------|-----------------------------|----------------------------|
| <u>VGLI Life Insurance</u> | <u>LeAnn Cyr</u> | <u>\$0.00</u> |
| <u>Lincoln Benefit Life</u> | <u>Irrevocable I.L.I.T.</u> | <u>\$0.00</u> |
| <u>USAA</u> | <u>Irrevocable I.L.I.T.</u> | <u>\$0.00</u> |

Debtor 1 **Steven Jeffrey Cyr** Case number (if known) _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

- ☒ No
☐ Yes. Give specific information _____

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- ☒ No
☐ Yes. Describe each claim..... _____

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☒ No
☐ Yes. Describe each claim..... _____

35. Any financial assets you did not already list

- ☒ No
☐ Yes. Give specific information _____

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$238,509.04

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- ☐ No. Go to Part 6.
☒ Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

- ☐ No
☒ Yes. Describe... **See continuation page(s).**

\$171,000.00

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- ☐ No
☒ Yes. Describe... **See continuation page(s).**

\$0.00

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

- ☐ No
☒ Yes. Describe... **See continuation page(s).**

\$0.00

41. Inventory

- ☒ No
☐ Yes. Describe... _____

42. Interests in partnerships or joint ventures

- ☒ No
☐ Yes. Describe..... Name of entity:

% of ownership:

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

43. Customer lists, mailing lists, or other compilations

☐ No

☒ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

☒ No

☐ Yes. Describe.....Orthopaedic & Spine Institute, LLC

\$0.00

Patient list as protected by HIPPA

44. Any business-related property you did not already list

☒ No

☐ Yes. Give specific information.

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....

→ **\$171,000.00**

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☒ No

☐ Yes....

48. Crops--either growing or harvested

☒ No

☐ Yes. Give specific
information.....

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☒ No

☐ Yes....

50. Farm and fishing supplies, chemicals, and feed

☒ No

☐ Yes....

51. Any farm- and commercial fishing-related property you did not already list

☒ No

☐ Yes. Give specific
information.....

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here.....

→ **\$0.00**

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☐ No

☒ Yes. Give specific information.

Dominion Country Club Social Membership

Month to month membership with minimum spending of \$175.00

\$0.00

54. Add the dollar value of all of your entries from Part 7. Write that number here..... →

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2..... →

\$2,035,380.00

56. Part 2: Total vehicles, line 5

\$11,125.00

57. Part 3: Total personal and household items, line 15

\$78,310.00

58. Part 4: Total financial assets, line 36

\$238,509.04

59. Part 5: Total business-related property, line 45

\$171,000.00

60. Part 6: Total farm- and fishing-related property, line 52

\$0.00

61. Part 7: Total other property not listed, line 54

+ \$0.00

62. Total personal property. Add lines 56 through 61.....

\$498,944.04

Copy personal
property total →

+ \$498,944.04

63. Total of all property on Schedule A/B. Add line 55 + line 62.....

\$2,534,324.04

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

10. Firearms (details):

Beretta 9MM Handgun \$250.00

Taurus Judge 45 caliber revolver and Saiga 12 gauge shotgun with 100 rounds ammo \$875.00

25. Trusts, equitable or future interests in property (details):

Bergerud Heritage Trust \$0.00

Created by spouse's parents in 2009 as a spend thrift trust. Debtor is signatory on BBVA Compass mortgage for real property included in trust.

Debtor was removed pursuant to the terms of trust by Trust Advisor August 1, 2017.

The Steven & Leann Cyr Living Trust \$0.00
Qualified Exempt Trust

Debtor resigned January 1, 2018

ILIT - Life Insurance Trust \$0.00

38. Accounts receivable or commissions you already earned (details):

Orthopaedic & Spine Institute, LLC \$0.00

Accounts receivable

Bank Accounts at Bank of America - Acct no. xxxx5573 and xxxxx9879

Subject to lien by Broadway bank UCC filing 15-0000111433

Unpaid monies for services rendered on behalf of Orthopaedic & Spine Institute, LLC \$171,000.00

April - Novemeber 2017

39. Office equipment, furnishings, and supplies (details):

Orthopaedic & Spine Institute, LLC \$0.00

Office equiptment and furnishing as described LLC's form 1065 - Federal Asset Report -

Subject to lien by Broadway bank UCC filing 15-0000111433

Office copiers and printers Unknown

(TCF Equipment Finance)

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade (details):

Orthopaedic & Spine Institute, LLC \$0.00

Exercise and fitness equipment as described and listed in attached exhibit "B"

Subject to lien by Region bank UCC filing 13-0028872596

Subject to lien by Community Nat'l bank UCC filing 14-0004088499

Subject to lien by FirstMark FCU UCC filing 15-0028177595

1 Viztek Compact Straight Arm Dr System \$0.00

1 Standard Mocing Table

1 Additional Study Volum for Opal PACS

(TransWorld Leasing Corp.)

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

U-Arm Package \$0.00

(TransWorld Leasing Corp.)

EXHIBIT "A"

APPRAISAL OF PERSONAL PROPERTY
OF DR. STEVEN J. CYR
Located within his personal residence at
15 Esquire
San Antonio, Texas 78257

PREPARED BY

LILLIAN PUTMAN, APPRAISER
December 18, 2017

PURPOSE OF APPRAISAL REPORT

The purpose of this report is to determine an estimation of the liquidation value for the personal property assets of Dr. Stephen J. Cyr located within his residence located at 15 Esquire, San Antonio, Texas, 78257 on August 22, 2017.

IDENTIFICATION OF CLIENT

This report is made for the sole use of the Appraiser's client, Mr. Ronald J. Johnson, Attorney at Law.

INTENDED USERS

The intended user is the client, Mr. Ronald J. Johnson, Attorney at Law.

INTENDED USE

This report is intended to be used by Mr. Ronald J. Johnson, Attorney at Law to determine an approximate value of the personal property assets owned by Dr. Steven Cyr and located within his personal residence, 15 Esquire, San Antonio, Texas, 78257.

SCOPE OF WORK

The Appraiser met with Mr. Ron Johnson, Client, and Mrs. Le Ann Cyr at the residence on August 22, 2017 to conduct an inspection of the personal property of Dr. Steven J. Cyr. The Appraiser inspected and took photographs of the property to be appraised. The Appraiser assumes that all items of significant value were openly visible to be seen and that no property of significance, which would alter the value conclusion to be misleading, was located within cabinets, closets, drawers, or attic space or otherwise not available to be inspected by the Appraiser.

The Appraiser sought information regarding comparables at local consignment furniture establishments, on the internet at the sites of AICO/Michael Amini Collection, Craigslist San Antonio, EBay, GunBroker.com, the publication *Watch Journal*, and other contemporary publications which include designer jewelry and home furnishing publications.

DEFINITION OF LIQUIDATION VALUE

Liquidation value is the forced or voluntary cash realization of property disposed. A liquidation price is a forced price obtained without reasonable market exposure to find a purchaser. Liquidation value is the most probably price which an asset is likely to bring under all of the following conditions.

1. Consummation of a sale will occur within a severely limited future marketing period specified by the client.
2. The buyer is acting prudently, knowledgeably, and in what they consider their best interest
3. The seller is under extreme compulsion to sel.
4. Payment is made in cash, U.S. dollars
5. No sales concessions are granted to anyone associated with the sale.

LIQUIDITATION METHODS

Property could be liquidated via an Estate Sale. This method utilizes the services of an Estate Sale company. Sales typically run 2-3 days. Most Estate Sale companies charge a percentage of 25-35% on property sold. Holding and estate sale within the Dominion is prohibited and would require property to be moved to an appropriate location. Unsold items may be turned over to an auction company for a quick sale or donated to charity.

Another option for liquidation, which may generate proceeds in a faster manner and insure all items are sold for cash, is to employ an auction company.

MARKET CONDITIONS

Comparable include both sold items and items currently offered for sale.

Market conditions for used furniture are not favorable at this time. Price reductions are apparent in consignment stores. Decorating styles and trends change making furniture 8 to 10 years in age less desirable. A slower new home construction rate also influences demand.

The market for used handguns is steady. The inability to ascertain the ownership history of a weapon can have a negative impact on its resale value. Conversely, original purchase receipts, applicable paperwork and original boxes can influence value in a positive manner.

The market for previously owned high end jewelry is good. The overall U.S. economy is producing wealth with record setting stock market values.

DESCRIPTION OF PROPERTY

The home furnishings are elegant and in excellent condition. They were selected at the time the property was newly built in 2007. Darker woods predominate in the furniture. The popularity of the furniture designer is apparent with their various decorator showrooms and a significant on-line catalogue.

The wristwatches are popular high end styles and are in excellent condition. A global market exists for both watch brands. Having original sales receipts, paperwork and presentation boxes can increase their resale value.

The handguns are common choices for individuals with concealed weapon licenses. They are designed for personal protection and would not be considered a sporting weapon.

Decorative items are numerous and are given a summary value within each area.

ITEMS NOT CONSIDERED IN THIS APPRAISAL REPORT:

1. The contents of children's rooms and items located in other areas of the home which are intended for their sole use and benefit.
2. Personal property of Mrs. Le Ann Cyr.
3. Items permanently affixed to the property such as built in appliances, built in cabinetry, overhead lighting fixtures, and window coverings.

EXCEPTIONS:

Two exceptions include a) sports memorabilia and collectible action figures located son's bedroom and b) built in items in the media/theatre room.

CONCLUSION

It is the opinion of the Appraiser that the estimated liquidation value of the personal property of Steven J. Cyr, located within his personal residence, as of August 22, 2017 is Seventy Four Thousand Six Hundred Eighty Five Dollars. (\$74,685.00)

DINING AREA					
CLASS TOP DINING TABLE		400			
2 CHAIRS		450			
BENCH		200			
LOVESEAT		400			
CARPET		225			
DECORATOR ITEMS		300			
		1975	1975		
HALLWAY					
SOFA TABLE		350			
2 CHAIRS		150			
2 CHANDELIER LAMPS		450			
DECORATOR ITEMS		1800			
WALL CLOCK					
FLORAL					
LAMPS					
FRAMES					
BUST					
		2750	2750		
VISITATION AREA					
ROUND GRANITE TABLE		400			
4 LEATHER CHAIRS		1200			
BAR ITEMS		500			
DECORATOR ITEMS		500			
		2600	2600		
TOTAL			7325		

[illegible]

KITCHEN AREA					
4 LEATHER BAR STOOLS			1200		
DINING TABLE AND CHAIRS			1400		
HANGING COPPER COOKWARE			500		
TABLEWARE			1000		
DECORATOR ITEMS			700		
	POTTERY				
	FLORAL				
	FRAMES				
	LAMPS				
	SPHERE				
			4800	4800	
PANTRY					
	COOKWARE		250		
	SMALL APPLIANCES		200		
			450	450	
UTILITY ROOM					
	WASHER DRYER SET		600		
	REFRIGERATOR		500		
	VARIOUS ITEMS		100		
			1650	1650	
TOTAL				6900	

[illegible]

[illegible]

[illegible]

PROPERTY EXCEPTIONS						
LIFE SIZE ACTION FIGURES THE AVENGERS				6300		
	THOR					
	CAPT AMERICA					
	SPIDERMAN					
	THE HULK					
	IRON MAN					
	WOLVERINE					
DALLAS COWBOY HELMETS AND SPURS BALLS AND JERSEYS				3000		
MEDIA THEATRE ROOM				5000		
	SEATING					
	SCREEN					
	PROJECTOR					
	ELECTRONICS					
TOTAL				14300		

WRISTWATCHES					
BREITLING 1884 CHRONOGRAPH				4000	
	DIAMOND BEZEL				
	DATE				
	RED NUMERAL				
BREITLING 1884 CHRONOGRAPH				4000	
	DIAMOND BEZEL				
	DATE				
	OYSTER FACE				
CHANEL J12				3500	
	BLACK FACE				
	HIGH POLISH BAND				
	DIAMOND HOUR MARKS				
CHANEL J12				3000	
	BLACK FACE				
	MATTE BAND				
	RED WHITE NUMERALS				
	GMT AUTOMATIC				
CITIZEN ECO DRIVE				50	
	BLANK FACE				
	DATE				
BERETTA 9MM PISTOL				250	
TAURUS JUDGE .45 COLT REVOLVER				375	
TOTAL				15175	

[illegible]

EXHIBIT "B"

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) PEGGY C. CASH 210.696.8900
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address) CT Lien Solutions PO Box 29071 Glendale, CA 91209-9071 Order 43570500

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JUN - 4 2014
CLK 81

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06/04/2014 04:51 PM



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547733800002

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1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☒ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME ORTHOPAEDIC & SPINE INSTITUTE LLC				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 21 SPURS LANE STE. 245		CITY SAN ANTONIO	STATE TX	POSTAL CODE 78240
				COUNTRY USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME CENTENNIAL BANK				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 1689 RIVER ROAD		CITY BOERNE	STATE TX	POSTAL CODE 78006
				COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:

(1) VIZTEK COMPACT STRAIGHT ARM DR SYSTEM
(1) STANDARD MOVING TABLE
(1) ADDITIONAL STUDY VOLUM FOR OPAL PACS/RIS
SERIAL# VV0710C283109

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:
☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:
☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Community National Bank 830-426-3066
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Community National Bank P O Box 130 Hondo, TX 78861-0130 USA

FILING NUMBER: 14-0004088499
FILING DATE: 02/07/2014 10:17 AM
DOCUMENT NUMBER: 528388750002
FILED: Texas Secretary of State
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1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

OR	1a. ORGANIZATION'S NAME Orthopaedic & Spine Institute LLC			
	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 21 Spurs Lane Suite 245		CITY San Antonio	STATE TX	POSTAL CODE 78240
				COUNTRY USA

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

OR	2a. ORGANIZATION'S NAME			
	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

OR	3a. ORGANIZATION'S NAME Community National Bank			
	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS P O Box 130		CITY Hondo	STATE TX	POSTAL CODE 78861
				COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:
ALL FITNESS EQUIPMENT NOW OWNED BY ORTHOPAEDIC & SPINE INSTITUTE LLC

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:
☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility ☐ Agricultural Lien ☐ Non-UCC Filing

6b. Check only if applicable and check only one box:
☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor

8. OPTIONAL FILER REFERENCE DATA:

FILING OFFICE COPY

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) PEGGY C. CASH 210.696.8900
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address) CT Lien Solutions PO Box 29071 Glendale, CA 91209-9071 Order 44740592

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09/03/2014 02:06 PM



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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☒ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME ORTHOPAEDIC & SPINE INSTITUTE, LLC				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 15 ESQUIRE		CITY SAN ANTONIO	STATE TX	POSTAL CODE 78257
			COUNTRY USA	

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

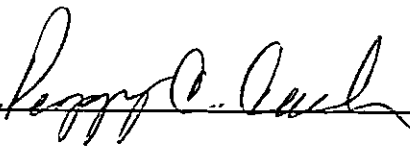
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

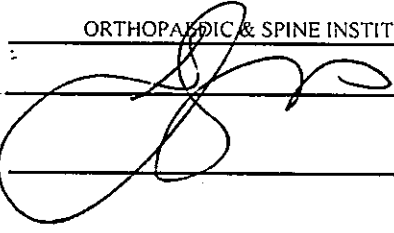
3a. ORGANIZATION'S NAME FIRSTMARK CREDIT UNION				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS P. O. BOX 701650		CITY SAN ANTONIO	STATE TX	POSTAL CODE 78270
			COUNTRY USA	

4. COLLATERAL: This financing statement covers the following collateral:
SEE SCHEDULE "A" PAGES 1-4

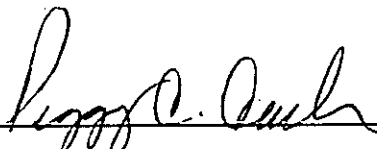
5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, Item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA:	

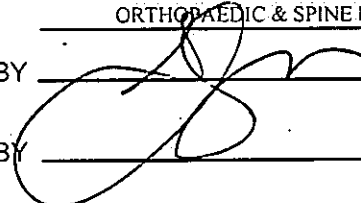
ITEM #	DESCRIPTION	SERIAL #
(2) AMT 835-OS	PRECOR 835 AMT- ADAPTIVE MOTION TRAINER WITH OPEN STRIDE P30 CONSOLE	
(1) 95TIS	10 SI 95TI ARC TREAD LV DOM WIFI- SILVER TREAD BASE/ 10IN. LCD CONSOLE WITH WIRELESS LINE	INT300518 / AST110531
(1) BWCDL	LEG RAISE- LEG RAISE FRM. IBLU	
(1) FWAC	FRM IBLU	
(1) FWBAR	HAMMER BARBELL RACK- FRM.IBLU	
(2) FWDR2	HAMMER DUMBBELL RACK- DOUBLE TIER- FRM.IBLU	
(1) FWFB	FLAT BENCH FRM.IBLU/ UPH BLK	
(2) FWMAB	HRM ADJUSTABLE BENCH (PRO STYLE) FRM:IBLU/UPH BLK	FWMAB0314135 / FWMAB0314134
(1) FWUB75	-FRM.IBLU/ UPH.BLK	
(1) HSSM	HAMMER STRENGTH SMITH- SMITH FRM.IBLU/ LANG.ENG	HSSM0314062
(1)HSTV	HS TRAINING VEST SSL 44-46	HSTV121208004817
(1) CMDAP	CABLE MOTION DUAL ADJUSTABLE PULLEY	CMDAP0314084
(1) MJ-CORE	MJ CORE TOWER- FRAME. IBLU/LANG.ENG	MJCORE0314080
(1) MJAP	MJ ADJUSTABLE PULLEY FRAME. IBLU/GLB/LANG.ENG	MJAP0314074
(1) MJLP	MJLP STATION- FRAME	MJLP0314060
(3)	PEAK PILATES FIT REFORMER	
(1) MJRW	MJ ROW FRAME.IBLU/ UPH.BLK/GRAY-LB/LANG.ENG	MJRW0314044
(1) MJTP	MJ TRICEPT PUSHDOWN-FRAME IBLU/GLB/LANG.ENG	MJTP0314042
(1) SPLBC	SIGNATURE PLATE LOADED BICEPS CURL FRM.IBLU/UPH.BLK/WORKARM.IBLU/GLB/LANG.ENG/KNOB.GRAY	SPLBC0314004
(1) SPLCALF	SIGNATURE PLATE LOADED CALF-RAISE FRM.IBLU/UPH.BLK/WORKARM.IBLU/GLB/LANG.ENG/KNOB.GRAY	SPLCALF0314017
(1) SPLDCP	SIGNATURE PLATE LOADED INCLINE PRESS- FRM.IBLU/UPH.BLK/WORKARM.IBLU/GLB/LANG.ENG/KNOB.GRAY	SPLDCP0314004

BY  LESSOR
TRANSWORLD LEASING CORP.

ORTHOPAEDIC & SPINE INSTITUTE LLC LESSEE
BY 
BY _____
BY _____

ITEM #	DESCRIPTION	SERIAL #
(1) SPLDIP	SIGNATURE PLATE LOADED SEATED DIP- FRM.IBLU/UPH.BLK/WORKARM.IBLU/GLB/LANG.ENG/KNOB.GRAY	SPLDIP0314002
(1) SPLIP	SIGNATURE PLATE LOADED INCLINED PRESS - FRM.IBLU/UPH.BLK/WORKARM.IBLU/GLB/LANG.ENG/KNOB.GRAY	SPLIP0314005
(1) SPLKLC	SIGNATURE PLATE LOADED KNEELING LEG CURL- FRM.IBLU/UPH.BLK/WORKARM.IBLU/GLB/LANG.ENG/WGT.HORN	SPLKLC0314004
(1) SPLLE	SIGNATURE PLATE LOADED LEG EXTENSION - FRM.IBLU/UPH.BLK/WORKARM.IBLU/GLB/LANG.ENG/KNOB.GRAY	SPLLE0314003
(1) SPLLLP	SIGNATURE PLATE LOADED LINEAR LEG PRESS - FRM.IBLU/UPH.BLK/WORKARM.IBLU/GLB/LANG.ENG/KNOB.GRAY	SPLLLP0314020
(1) SPLROW	SIGNATURE PLATE LOADED ROW - FRM.IBLU/UPH.BLK/WORKARM.IBLU/GLB/LANG.ENG/KNOB.GRAY	SPLROW0314005
(1) SPLSP	SIGNATURE PLATE LOADED SHOULDER PRESS- FRM.IBLU/UPH.BLK/WORKARM.IBLU/GLB/LANG.ENG/WGT.HORN/KN	SPLSP0314003
(1) FZFRD	SIGNATURE PECTORAL FLY/ REAR DELTOID. - LANG.ENG/GLB	
(1) FZLC	SIGNATURE SERIES LEG CURL- LANG.ENG/ WGT STK.G-LB	FZLC0314011
(1) FZLE	SIGNATURE SERIES LEG EXTENSION- FRM.IBLU/UPH.BLK/LANG.ENG/GLB	FZLE0314048
(1) FZLR	SIGNATURE SERIES LATERAL RAISE- FRM.IBLU/UPH.BLK/LANG.ENG/GLB	FZLR0314007
(1) PRFMBTR	PERFORM BETTER BOSU PRO BALANCE TRAINER	
(1) BALL	HAMMER STRENGTH STABILITY BALL	
(2) LF-MAT	LIFE FITNESS- FITNESS MAT BLACK	
(1) TOLELR	LIFE FITNESS-FOAM ROLLER 6x36	
(1) TOZC-1/2	OLYMPIC EZ ON SPRING COLLAR	
(2) TSD-110R	12 SIDED TROY RUBBER ENCASED 110LB DUMBBELLS	
(2) TSD-120R	12 SIDED TROY RUBBER ENCASED 120LB DUMBBELLS	
(1) TZB-020-110R	RUBBER 12 SIDED EZ CURL BARBELLS 20-110 SET	
(4) GO-002R	RUBBER ENCASED GRIP O-PLT 2.5 LBS	
(10) GO-005R	RUBBER ENCASED GRIP O-PLT 5 LBS	

BY  LESSOR
TRANSWORLD LEASING CORP.

ORTHOPAEDIC & SPINE INSTITUTE LLC LESSEE
BY 
BY _____
BY _____

ORTHOPAEDIC & SPINE INSTITUTE LLC LESSEE

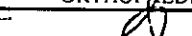
BY _____

BY _____

BY _____

SERIAL #

ORTHOPEDIC & SPINE INSTITUTE LLC LESSEE

BY 

BY

BY

Fill in this information to identify your case:

Debtor 1	<u>Steven</u>	<u>Jeffrey</u>	<u>Cyr</u>
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>WESTERN DISTRICT OF TEXAS</u>		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption	
Brief description: Debtor's Homestead Legal Description: NCB 16386 (THE CHATEAUX AT THE DOMINION PUD), BLOCK 29 LOT 39	<u>\$2,035,380.00</u>	<input checked="" type="checkbox"/> <u>\$255,818.81</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001-.002

(BBVA Compass)

Title is held in the Qualified Exempt Steven & LeAnn Cyr Revocable Living Trust
Parcel: 16386-029-0390
(1st exemption claimed for this asset)
Line from *Schedule A/B*: 1.1

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☐ No
☐ Yes

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
---	--	--------------------------------------	------------------------------------

Copy the value from *Schedule A/B* *Check only one box for each exemption*

Brief description: Debtor's Homestead Legal Description: NCB 16386 (THE CHATEAUX AT THE DOMINION PUD), BLOCK 29 LOT 39 (BBVA Compass) Title is held in the Qualified Exempt Steven & LeAnn Cyr Revocable Living Trust Parcel: 16386-029-0390 (2nd exemption claimed for this asset) Line from <i>Schedule A/B</i> : <u>1.1</u>	<u>\$2,035,380.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code § 41.0021
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Brief description: Household goods and furnishings as fully described in the attached Exhibit "A" Holiday decorations for Christmas & Halloween Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$42,685.00</u>	<input checked="" type="checkbox"/> <u>\$42,685.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
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Brief description: Media Theatre Room Screen Projector Electronics Televisions Apple Computer As described on the home inventory attached as Exhibit "A" Line from <i>Schedule A/B</i> : <u>7</u>	<u>\$5,350.00</u>	<input checked="" type="checkbox"/> <u>\$5,350.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
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Brief description: Replica figurines Dallas Cowboys memorabilia Spurs memorabilia As described on the home inventory attached as Exhibit "A" Line from <i>Schedule A/B</i> : <u>8</u>	<u>\$9,300.00</u>	<input checked="" type="checkbox"/> <u>\$9,300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
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Debtor 1 **Steven Jeffrey Cyr**

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
---	--	--------------------------------------	------------------------------------

Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption</i>
--	--

Brief description:

Piano
Exercise equipment
Outdoor moveable basketball hoop w
basketballs
Assorted fresh water rod and reels
2 Adult bikes
2 Children bikes
2 Strollers
Outdoor swing and slide playground set

<u>\$3,200.00</u>	<input checked="" type="checkbox"/> <u>\$3,200.00</u>
	<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit

**Tex. Prop. Code §§ 42.001(a),
42.002(a)(1)**

**As described on the home inventory
attached as Exhibit "A"**

Line from *Schedule A/B*: 9

Brief description:

Taurus Judge 45 caliber revolver and
Saiga 12 gauge shotgun with 100 rounds
ammo

Line from *Schedule A/B*: 10

<u>\$875.00</u>	<input checked="" type="checkbox"/> <u>\$875.00</u>
	<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit

**Tex. Prop. Code §§ 42.001(a),
42.002(a)(7)**

Brief description:

Debtor's clothing
Suits and sports coats
Slacks and jeans
Shirts
Boots, shoes and belts

Line from *Schedule A/B*: 11

<u>\$2,000.00</u>	<input checked="" type="checkbox"/> <u>\$2,000.00</u>
	<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit

**Tex. Prop. Code §§ 42.001(a),
42.002(a)(5)**

Brief description:

Breitling 1884 Chronograph Watch - Red
numerals
Breitling 1884 Chronograph Watch -
Oyster face
Chanel J12 Watch - Diamond hour
markers
Chanel J12 Watch - Red/white numerals
Citizen Eco Drive Watch
Wedding band, White gold
Wedding band, Platinum

<u>\$14,550.00</u>	<input checked="" type="checkbox"/> <u>\$14,550.00</u>
	<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit

**Tex. Prop. Code §§ 42.001(a),
42.002(a)(6)**

**As described on the home inventory
attached as Exhibit "A"**

Line from *Schedule A/B*: 12

Debtor 1 **Steven Jeffrey Cyr**

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
---	--------------------------------------	-----------------------------------	------------------------------------

Copy the value from Schedule A/B *Check only one box for each exemption*

Brief description: Alaskan Malamute - neutered male. Very friendly family member Line from Schedule A/B: <u>13</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(11)
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Brief description: 401(k) - Orthopaedic & Spine Institute, LLC Line from Schedule A/B: <u>21</u>	<u>\$216,170.82</u>	<input checked="" type="checkbox"/> <u>\$216,170.82</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(b)(3)(C)
---	---------------------	---	---------------------------------

Brief description: ILIT - Life Insurance Trust Line from Schedule A/B: <u>25</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Ins. Code §§ 1108.001, 1108.051
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Brief description: VGLI Life Insurance Line from Schedule A/B: <u>31</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Ins. Code §§ 1108.001, 1108.051
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Brief description: Lincoln Benefit Life Line from Schedule A/B: <u>31</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Ins. Code §§ 1108.001, 1108.051
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Brief description: USAA Line from Schedule A/B: <u>31</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Ins. Code §§ 1108.001, 1108.051
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Brief description: Orthopaedic & Spine Institute, LLC Office equipment and furnishing as described LLC's form 1065 - Federal Asset Report -	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(4)
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Subject to lien by Broadway bank UCC filing 15-0000111433
 Line from Schedule A/B: 39

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption</i>	Specific laws that allow exemption
<p>Brief description: Orthopaedic & Spine Institute, LLC</p> <p>Exercise and fitness equipment as described and listed in attached exhibit "B"</p> <p>Subject to lien by Region bank UCC filing 13-0028872596</p> <p>Subject to lien by Community Nat'l bank UCC filing 14-0004088499</p> <p>Subject to lien by FirstMark FCU UCC filing 15-0028177595</p> <p>Line from <i>Schedule A/B</i>: <u>40</u></p>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(4)

Fill in this information to identify your case:

Debtor 1	<u>Steven</u>	<u>Jeffrey</u>	<u>Cyr</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF TEXAS</u>			
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
<u>\$54,213.19</u>	<u>\$2,035,380.00</u>	_____

2.1

Describe the property that
secures the claim:

Albert Uresti, Bexar County Tax Appr

Creditor's name
233 N. Pecos La Trinidad
Number Street

Debtor's Homestead

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☒ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset)

Property Taxes

San Antonio TX 78207
City State ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☒ Check if this claim relates
to a community debt

Date debt was incurred 2017 Last 4 digits of account number 0 3 9 0

Add the dollar value of your entries in Column A on this page. Write that number here:

\$54,213.19

Debtor 1 **Steven Jeffrey Cyr**

Case number (if known) _____

Part 1:	Additional Page After listing any entries on this page, number them sequentially from the previous page.	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral	Value of collateral that supports this claim	Unsecured portion If any

2.2	Describe the property that secures the claim: Broadway National Bank Creditor's name 1177 Ne Loop 410 Number Street	\$1,315,641.00	\$22,128.02	\$1,293,512.98
Business Assets As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Conventional Real Estate Mortgage Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred 09/2013 Last 4 digits of account number 9 8 0 1				

2.3	Describe the property that secures the claim: Compass Bank Creditor's name 15 20th St S Fl 9 Number Street	\$1,725,348.00	\$2,035,380.00	
Debtor's Homestead As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Conventional Real Estate Mortgage Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred 10/2012 Last 4 digits of account number 1 5 2 0				

Add the dollar value of your entries in Column A on this page. Write that number here:

\$3,040,989.00

Debtor 1 **Steven Jeffrey Cyr**

Case number (if known) _____

Part 1:	Additional Page After listing any entries on this page, number them sequentially from the previous page.	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral	Value of collateral that supports this claim	Unsecured portion If any

2.4	Describe the property that secures the claim: Compass Bank Creditor's name 15 20th St S Fl 9 Number Street	8 Villers St Paul, San Antonio, TX 78257	\$2,054,048.06	\$0.00	\$2,054,048.06
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim relates to a community debt</p> <p>Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset)</p> <p>Fee Simple</p> <p>Date debt was incurred 2/19/2015 Last 4 digits of account number 1 1 7 6</p>					

2.5	Describe the property that secures the claim: Firstmark Credit Union Creditor's name 2023 Gold Canyon Dr Number Street	2013 Bentley Continental GT	\$105,722.00	\$0.00	\$105,722.00
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset)</p> <p>Lease</p> <p>Date debt was incurred 06/2014 Last 4 digits of account number 0 0 0 6</p> <p>Debtor is signatory on auto lease assigned to Bergerud Heritage Trust on June 24,2014.</p>					

Add the dollar value of your entries in Column A on this page. Write that number here:

\$2,159,770.06

Debtor 1 **Steven Jeffrey Cyr**

Case number (if known) _____

Part 1:	Additional Page After listing any entries on this page, number them sequentially from the previous page.	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral	Value of collateral that supports this claim	Unsecured portion If any

2.6	Describe the property that secures the claim:	\$101,173.00	\$0.00	\$101,173.00
Firstmark Credit Union Creditor's name 2023 Gold Canyon Dr Number Street				
2016 Mercedes Benz 2500 Sprinter				
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset)				
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Date debt was incurred 09/2016 Last 4 digits of account number 0 0 0 9				

Debtor is signatory on auto lease assigned to Bergerud Heritage Trust on September 1,2016.

2.7	Describe the property that secures the claim:	\$82,095.00	\$0.00	\$82,095.00
Firstmark Credit Union Creditor's name 2023 Gold Canyon Dr Number Street				
2016 Cadillac Escalade ESV				
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset)				
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Date debt was incurred 09/2016 Last 4 digits of account number 0 0 0 8				

Debtor is signatory on auto lease assigned to Bergerud Heritage Trust on September 26,2016.

Add the dollar value of your entries in Column A on this page. Write that number here:

\$183,268.00

Debtor 1 **Steven Jeffrey Cyr**

Case number (if known) _____

Part 1:	Additional Page After listing any entries on this page, number them sequentially from the previous page.	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral	Value of collateral that supports this claim	Unsecured portion If any

2.8	Describe the property that secures the claim:	\$7,403.00	\$0.00	\$7,403.00
Firstmark Credit Union Creditor's name 2023 Gold Canyon Dr Number Street				
2013 Mercedes Benz 2500 Sprinter Van				
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset)				
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt				
Date debt was incurred 06/2017 Last 4 digits of account number 0 1 0 0				

Debtor is signatory on auto lease assigned to Bergerud Heritage Trust on October 1, 2017.

2.9	Describe the property that secures the claim:	\$60,291.00	\$0.00	\$60,291.00
Gm Financial Creditor's name Po Box 1181145 Number Street				
2015 Cadillac Escalade ESV				
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset)				
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Date debt was incurred 03/2015 Last 4 digits of account number 8 1 3 0				

Debtor is signatory on auto lease assigned to Bergerud Heritage Trust on September 1, 2016.

Add the dollar value of your entries in Column A on this page. Write that number here:

\$67,694.00

Debtor 1 **Steven Jeffrey Cyr**

Case number (if known) _____

Part 1:	Additional Page After listing any entries on this page, number them sequentially from the previous page.	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral	Value of collateral that supports this claim	Unsecured portion If any

2.10	Describe the property that secures the claim:	\$82,966.52	\$0.00	\$82,966.52
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TFC Equipment Lease

Creditor's name
11100 Wayzata Blvd
Number Street

Office copiers and printers

Minnetonka MN 55305
City State ZIP Code

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset)

Contract/Lease

Date debt was incurred _____ Last 4 digits of account number 0 2 3 5

Office copiers and printers lease

Business debt of Orthopaedic & Spine Institute, LLC

2.11	Describe the property that secures the claim:	\$8,769.80	\$0.00	\$8,769.80
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TransWorld Leasing Corp.

Creditor's name
21403 IH 10 West
Number Street

1 Viztek Compact Straight Arm Dr System

San Antonio TX 78257
City State ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☒ Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset)

Lease

Date debt was incurred **5/2014** Last 4 digits of account number 7 6 6 1

UCC filed -14-0017787661

Add the dollar value of your entries in Column A on this page. Write that number here:

\$91,736.32

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Part 1:	Additional Page After listing any entries on this page, number them sequentially from the previous page.	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral	Value of collateral that supports this claim	Unsecured portion If any

2.12	Describe the property that secures the claim: TransWorld Leasing Corp. Creditor's name 21403 IH 10 West Number Street San Antonio TX 78257 City State ZIP Code	U-Arm Package	\$50,349.00	\$0.00	\$50,349.00
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As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset)
Lease

Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred 7/2015 Last 4 digits of account number 8 4 9 9

UCC filed- 14-0004088499

2.13	Describe the property that secures the claim: TransWorld Leasing Corp. Creditor's name 21403 IH 10 West Number Street San Antonio TX 78257 City State ZIP Code	See Schedule C	\$0.00	\$0.00	
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As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset)
Lease

Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred 5/2014 Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here:

\$50,349.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$5,648,019.57

Fill in this information to identify your case:

Debtor 1	Steven	Jeffrey	Cyr
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1	\$55,700.00	\$55,700.00	\$0.00

Internal Revenue Service

Priority Creditor's Name

P.O. Box 7346

Number Street

Last 4 digits of account number

When was the debt incurred? **2017**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Philadelphia PA 19101-7346

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor and non-filing spouse each filed individual 2016 tax returns

Debtor 1 **Steven Jeffrey Cyr**

Case number (if known) _____

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

Total claim

\$2,614.18

4.1

Albert Uresti, Bexar County Tax Appr.

Nonpriority Creditor's Name

233 N. Pecos La Trinidad

Number Street

Last 4 digits of account number 0 3 4 8

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

San Antonio TX 78207

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

2016 Property Taxes

Is the claim subject to offset?

- ☒ No
☐ Yes

Personal property taxes for Orthopaedic & Spine Institute, LLC

4.2

Albert Uresti, Bexar County Tax Appr.

Nonpriority Creditor's Name

233 N. Pecos La Trinidad

Number Street

Last 4 digits of account number 2 9 7 1

When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

San Antonio TX 78207

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

2017 Property Taxes

Is the claim subject to offset?

- ☒ No
☐ Yes

Personal property taxes for Orthopaedic & Spine Institute, LLC

\$7,835.00

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$570.00

4.3

Alt Bentley Yates & All American Benefit

Nonpriority Creditor's Name

PO Box 520

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Eules **TX** **76039**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Services

Business debt of Orthopaedic & Spine Institute, LLC

\$620.00

4.4

Assess MD, LLC

Nonpriority Creditor's Name

5100 Eldorado Pkwy , Ste 102-208

Number Street

Last 4 digits of account number _____

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

McKinney **TX** **75070**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Services

Business debt of Orthopaedic & Spine Institute, LLC

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.5

\$14,834.07

Athena Health

Nonpriority Creditor's Name

PO Box 415615

Number Street

Last 4 digits of account number 1 2 3 2

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Boston MA 02241-5615

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

4.6

\$110,000.00

Bergerud Heritage Trust

Nonpriority Creditor's Name

15 Esquire

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

San Antonio TX 78257

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Personal loan

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$85,647.00

4.7

Blue Star Radiology Services

Nonpriority Creditor's Name

One Cowboys Parkway

Number Street

Last 4 digits of account number 0 1 1 5

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Irving TX 75063

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

\$50,611.00

4.8

Caine & Weiner LLC

Nonpriority Creditor's Name

16200 Addison Rd

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Addison TX 75001

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collection account

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.9

\$1,461.38

Crest

Nonpriority Creditor's Name

PO Box 7422689

Number Street

Last 4 digits of account number 2 6 6 3

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Atlanta GA 30374-2268

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

4.10

\$994.50

Dan H. Hanke, CPA, PC

Nonpriority Creditor's Name

2161 NW Military Hwy, Ste 103

Number Street

Last 4 digits of account number 1 6 6 0

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

San Antonio TX 78213

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

Debtor 1 **Steven Jeffrey Cyr**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.11

\$1,354.54

De Lage Landen Financial Services, Inc

Nonpriority Creditor's Name

PO Box 41602

Number Street

Philadelphia

PA 19101

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

4.12

\$1,354.54

De Lage Landen Financial Services, Inc

Nonpriority Creditor's Name

PO Box 41602

Number Street

Philadelphia

PA 19101

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Personal property taxes for Orthopaedic & Spine Institute, LLC

Last 4 digits of account number _____

When was the debt incurred? **2017**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

2017 property tax for leased equipment

Last 4 digits of account number **7 8 6 8**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

2016 Property taxes

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$4,063.62

4.13

De Lage Landen Financial Services, Inc

Nonpriority Creditor's Name

PO Box 41602

Number Street

Philadelphia

PA 19101

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Personal property taxes for Orthopaedic & Spine Institute, LLC

4.14

Dicom Solutions, Inc

Nonpriority Creditor's Name

548 Wald

Number Street

Irving

CA 62018

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

Last 4 digits of account number 7 8 6 8

When was the debt incurred? 2018 - 2020

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Future property taxea

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Services

\$2,400.00

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.15

\$3,923.21

Epimed International, Inc

Nonpriority Creditor's Name

141 Sal Landrio Dr

Number Street

Last 4 digits of account number 6 4 4 5

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Johnstown NY 12095

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

4.16

\$2,627.32

Euler Hermes Collections

Nonpriority Creditor's Name

800 Red Brook Blvd, Ste 400C

Number Street

Last 4 digits of account number 1 0 4 1

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Owings Mills MD 21117

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for -Vascular Solutions

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

Debtor 1 **Steven Jeffrey Cyr**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.17

\$1,372.18

Execupay Holdings, LLC

Nonpriority Creditor's Name

2231 Center, St #109b

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Deer Park

TX

77536

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

4.18

\$10,450.00

Exscribe, Inc.

Nonpriority Creditor's Name

5 W. Fourth St

Number Street

Last 4 digits of account number **6 1 1 7**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Bethlehem

PA

18015

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.19

\$500.00

First Data Merchant Services

Nonpriority Creditor's Name

PO Box 407092

Number Street

Last 4 digits of account number 9 0 0 0

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Ft Lauderdale FL 33340
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

4.20

\$7,500.00

Health Career Services, LLC

Nonpriority Creditor's Name

4925 Greenville Ave., Ste 200

Number Street

Last 4 digits of account number 8 0 6

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Dallas TX 75206
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.21

\$6,642.45

Iron Mountain

Nonpriority Creditor's Name
3900 Distribution Blvd
Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Houston TX 77018
City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

4.22

\$242,362.05

Johnny L. White, MD

Nonpriority Creditor's Name
2550 N Esplanada
Number Street

Last 4 digits of account number 0 4 9 4

When was the debt incurred? 2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Cuero TX 77954
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Alledged unpaid monies for service

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.23

\$475.00

Judith A Gray, PLLC

Nonpriority Creditor's Name

300 Convent, St No. 1300

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

San Antonio

TX

78205

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

4.24

\$412,397.24

Key Equipment Finance

Nonpriority Creditor's Name

1000 S. McCaslin Blvd

Number Street

Last 4 digits of account number 4 6 8 1

When was the debt incurred? 9/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Superior

CO

80027

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☒ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Judgment

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

Debtor 1 **Steven Jeffrey Cyr** Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.25

\$3,255.54

Laz Parking Texas

Nonpriority Creditor's Name

21 Spurs Lane, Ste 190

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

San Antonio

TX

78240

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

4.26

\$973.00

Max Tech

Nonpriority Creditor's Name

355 E. Campus View Blvd, Ste 230

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Columbus

OH

43235

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.27

\$50,610.92

McKesson Medical Surgical

Nonpriority Creditor's Name

C/O Warren, Drugan & Barrows, PC

Number Street

800 Broadway

San Antonio

TX

78215

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

4.28

\$1,133.37

OEC Medical Systems, Inc.

Nonpriority Creditor's Name

2984 Collections Center Dr.

Number Street

Chicago

IL

60693

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Services

Last 4 digits of account number

1 3 3 8

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Services

Debtor 1 **Steven Jeffrey Cyr**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.29

\$13,612.43

Physician Innovative Strategies

Nonpriority Creditor's Name

5710 LBJ Freeway, Ste 300

Number Street

Last 4 digits of account number 0 0 2 0

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Dallas TX 75240

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

4.30

\$1,981.91

Pitney Bowes

Nonpriority Creditor's Name

PO Box 371874

Number Street

Last 4 digits of account number 7 4 6 7

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Pittsburgh PA 15250

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$618.50

4.31

Pitney Bowes

Nonpriority Creditor's Name

PO Box 3718796

Number Street

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Pittsburgh

PA

15250

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Postage machine lease

4.32

Presidio Networked Solutions Group, LLC

Nonpriority Creditor's Name

PO Box 677638

Number Street

Last 4 digits of account number

0 1 6 9

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Dallas

TX

75267

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Services

\$14,855.81

Business debt of Orthopaedic & Spine Institute, LLC

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.33

\$2,198.30

Quest Diagnostics

Nonpriority Creditor's Name

PO Box 841725

Number Street

Dallas

TX

75284

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

4.34

\$13,911.39

Ricoh USA, Inc.

Nonpriority Creditor's Name

70 valley Stream Pkwy

Number Street

Malvern

PA

19355

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

Last 4 digits of account number 6 4 0 5

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Services

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Services

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.35

\$25,924.88

Schwartz & Stafford, PA

Nonpriority Creditor's Name

8625 Crown Crescent Ct. Ste 110

Number Street

Last 4 digits of account number 0 8 0 0

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Charlotte

NC

28227

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - YP

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

4.36

\$1,000,000.00

SNH NS MTG Properties 2 Trust

Nonpriority Creditor's Name

C/O C.A. (Joe) Davis

Number Street

111 Congress Ave., Ste 1400

Last 4 digits of account number 0 5 1 3

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Austin

TX

78701

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☒ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Lease

Is the claim subject to offset?

- ☒ No
☐ Yes

Pending lawsuit in 225th Judicial District Ct, Bexar County

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$4,672.20

4.37

Stericycle, Inc.

Nonpriority Creditor's Name

PO Box 6575

Number Street

Last 4 digits of account number 9 6 2 2

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Carol Stream

IL

60197

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

4.38

\$512.67

Supreme Touch Interiors

Nonpriority Creditor's Name

201 Broyles

Number Street

Last 4 digits of account number 9 6 7 6

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Bulverde

TX

78163

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$1,125.15

4.39

Texas Wired Music, Inc.

Nonpriority Creditor's Name

PO Box 1098

Number Street

Last 4 digits of account number 4 1 1 4

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

San Antonio TX 78249

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

\$2,810.10

4.40

The Coding Network, LLC

Nonpriority Creditor's Name

PO Box 101794

Number Street

Last 4 digits of account number 5 9 9 3

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Pasadena CA 91189

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

Debtor 1 **Steven Jeffrey Cyr** Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.41

\$724.28

TNT Nitrogen, LLC

Nonpriority Creditor's Name

PO Box 311

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Hondo

TX

78861

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

4.42

\$1,600.00

Trademark - DB Corp

Nonpriority Creditor's Name

10223 Broadway, Ste P, Pmb #336

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Pearland

TX

77584

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$1,095.82

4.43

Wells Fargo Vendor Financial Services

Nonpriority Creditor's Name

PO Box 931093

Number Street

Atlanta

GA

31193

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

4.44

\$0.00

Wolters Kluwer

Nonpriority Creditor's Name

PO Box 1590

Number Street

Hagerstown

MD

21740

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Business debt of Orthopaedic & Spine Institute, LLC

Last 4 digits of account number 7 9 8 7

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Services

Last 4 digits of account number 3 0 4 4

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Services

Debtor 1 **Steven Jeffrey Cyr**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

A.R.M. Solutions, Inc.

Name

PO Box 3666

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.37 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Camarillo

CA

93011

City

State

ZIP Code

Holmgren, Johnson, Mitchell, Madden, LP

Name

Mitchell Madden

Number Street

13800 Montfort Dr., Ste 160

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.22 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Dallas

TX

75240

City

State

ZIP Code

Husch Blackwell, LLP

Name

C.A. (Joe) Davis

Number Street

111 Congress Ave., Ste 1400

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.36 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Austin

TX

78701

City

State

ZIP Code

Kyle E Neill

Name

Northwest Atrium

Number Street

11550 W IH 10, Ste 287

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.22 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

San Antonio

TX

78230

City

State

ZIP Code

Leslie M. Luttrell

Name

Luttrell & Carmody Law Group

Number Street

400 N. Loop 1604 East, Ste 208

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.24 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

San Antonio

TX

78232

City

State

ZIP Code

Debtor 1 **Steven Jeffrey Cyr** Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Linebarger, Goggan, Blair & Sampson, LLP

Name

711 Navarro, Ste 300

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

San Antonio

TX

78205

City

State

ZIP Code

Linebarger, Goggan, Blair & Sampson, LLP

Name

711 Navarro, Ste 300

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

San Antonio

TX

78205

City

State

ZIP Code

United States Attorney

Name

Taxpayer Division

Number Street

601 N.W. Loop 410, Suite 600

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

San Antonio

TX

78216-5512

City

State

ZIP Code

United States Attorney General

Name

Department of Justice

Number Street

950 Pennsylvania Avenue, N.W.

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Washington

DC

20530

City

State

ZIP Code

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$55,700.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6d. <u>\$55,700.00</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$2,114,225.55</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$2,114,225.55</u>

Fill in this information to identify your case:

Debtor 1	Steven First Name	Jeffrey Middle Name	Cyr Last Name
Debtor 2 (Spouse, if filing)	_____ First Name	_____ Middle Name	_____ Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS			
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1 2014 Highpoint, LP
Name
8401 Datapoint Dr.
Number Street

San Antonio TX 78229
City State ZIP Code

Lease on office space located at:
8401 Datapoint Dr.
San Antonio, TX 78229
Contract to be REJECTED

2.2 Firstmark Credit Union
Name
2023 Gold Canyon Dr
Number Street

San Antonio TX 78232
City State ZIP Code

2013 Bentley Continental GT
Debtor is signatory on auto lease assigned to Bergerud Heritage Trust on June 24,2014.
Contract to be REJECTED

2.3 Firstmark Credit Union
Name
2023 Gold Canyon Dr
Number Street

San Antonio TX 78232
City State ZIP Code

2016 Mercedes Benz 2500 Sprinter
Debtor is signatory on auto lease assigned to Bergerud Heritage Trust on September 1,2016.
Contract to be REJECTED

2.4 Firstmark Credit Union
Name
2023 Gold Canyon Dr
Number Street

San Antonio TX 78232
City State ZIP Code

2016 Cadillac Escalade ESV
Debtor is signatory on auto lease assigned to Bergerud Heritage Trust on September 26,2016.
Contract to be REJECTED

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Additional Page if You Have More Contracts or Leases

	Person or company with whom you have the contract or lease	What the contract or lease is for
2.5	Firstmark Credit Union Name 2023 Gold Canyon Dr Number Street	2013 Mercedes Benz 2500 Sprinter Van Debtor is signatory on auto lease assigned to Bergerud Heritage Trust on October 1,2017. Contract to be REJECTED
	San Antonio TX 78232 City State ZIP Code	
2.6	Gm Financial Name Po Box 1181145 Number Street	2015 Cadillac Escalade ESV Debtor is signatory on auto lease assigned to Bergerud Heritage Trust on September 1,2016. Contract to be REJECTED
	Arlington TX 76096 City State ZIP Code	
2.7	Pitney Bowes Name PO Box 3718796 Number Street	Postage machine lease Contract to be REJECTED
	Pittsburgh PA 15250 City State ZIP Code	
2.8	TFC Equipment Lease Name 11100 Wayzata Blvd Number Street	Office copiers and printers Contract to be REJECTED
	Minnetonka MN 55305 City State ZIP Code	
2.9	TransWorld Leasing Corp. Name 21403 IH 10 West Number Street	Lease on medical eqiptment: 1 Viztek Compact Straight Arm Dr System 1 Standard Mociing Table 1 Additional Study Volum for Opal PACS
	San Antonio TX 78257 City State ZIP Code	Contract to be REJECTED
2.10	TransWorld Leasing Corp. Name 21403 IH 10 West Number Street	U-Arm Package Contract to be REJECTED
	San Antonio TX 78257 City State ZIP Code	

Fill in this information to identify your case:

Debtor 1	Steven	Jeffrey	Cyr
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

- Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a code debtor.)
☐ No
☒ Yes
- Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
☐ No. Go to line 3.
☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
☒ No
☐ Yes
- In Column 1, list all of your codebtors. Do not include your spouse as a code debtor if your spouse is filing with you. List the person shown in line 2 again as a code debtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your code debtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1 **Bergerud Heritage Trust**
 Name
15 Esquire
 Number Street

San Antonio TX 78257
 City State ZIP Code

☒ Schedule D, line **2.2**
☐ Schedule E/F, line _____
☐ Schedule G, line _____
Broadway National Bank

3.2 **Bergerud Heritage Trust**
 Name
15 Esquire
 Number Street

San Antonio TX 78257
 City State ZIP Code

☒ Schedule D, line **2.4**
☐ Schedule E/F, line _____
☐ Schedule G, line _____
Compass Bank

Debtor 1 **Steven Jeffrey Cyr**

Case number (if known) _____

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.3

LeAnn Cyr

Name

15 Esquire

Number Street

San Antonio

TX

78257

City

State

ZIP Code

☒ Schedule D, line **2.4**

☐ Schedule E/F, line _____

☐ Schedule G, line _____

Compass Bank

3.4

Linda D'Spain

Name

Address unknown

Number Street

City

State

ZIP Code

☐ Schedule D, line _____

☒ Schedule E/F, line **4.22**

☐ Schedule G, line _____

Johnny L. White, MD

3.5

Orthopaedic & Spine Institute, LLC

Name

15 Esquire

Number Street

San Antonio, TX

City

State

ZIP Code

☐ Schedule D, line _____

☒ Schedule E/F, line **4.24**

☐ Schedule G, line _____

Key Equipment Finance

3.6

Orthopaedic & Spine Institute, LLC

Name

15 Esquire

Number Street

San Antonio, TX

City

State

ZIP Code

☐ Schedule D, line _____

☒ Schedule E/F, line **4.36**

☐ Schedule G, line _____

SNH NS MTG Properties 2 Trust

3.7

Orthopaedic & Spine Institute, LLC

Name

15 Esquire

Number Street

San Antonio, TX

City

State

ZIP Code

☒ Schedule D, line **2.2**

☐ Schedule E/F, line _____

☐ Schedule G, line _____

Broadway National Bank

3.8

Orthopaedic & Spine Institute, LLC

Name

15 Esquire

Number Street

San Antonio, TX

City

State

ZIP Code

☐ Schedule D, line _____

☒ Schedule E/F, line **4.22**

☐ Schedule G, line _____

Johnny L. White, MD

3.9

Orthopaedic & Spine Institute, LLC

Name

15 Esquire

Number Street

San Antonio, TX

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☒ Schedule G, line **2.1**

2014 Highpoint, LP

Debtor 1 **Steven Jeffrey Cyr**

Case number (if known) _____

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.10 **Orthopaedic & Spine Institute, LLC**
Name
15 Esquire
Number Street
San Antonio, TX
City State ZIP Code

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☒ Schedule G, line **2.9**
TransWorld Leasing Corp.

3.11 **Orthopaedic & Spine Institute, LLC**
Name
15 Esquire
Number Street
San Antonio, TX
City State ZIP Code

☒ Schedule D, line **2.11**
☐ Schedule E/F, line _____
☐ Schedule G, line _____
TransWorld Leasing Corp.

3.12 **Orthopaedic & Spine Institute, LLC**
Name
15 Esquire
Number Street
San Antonio, TX
City State ZIP Code

☒ Schedule D, line **2.12**
☐ Schedule E/F, line _____
☐ Schedule G, line _____
TransWorld Leasing Corp.

3.13 **Orthopaedic & Spine Institute, LLC**
Name
15 Esquire
Number Street
San Antonio, TX
City State ZIP Code

☒ Schedule D, line **2.13**
☐ Schedule E/F, line _____
☐ Schedule G, line _____
TransWorld Leasing Corp.

3.14 **Orthopaedic & Spine Institute, LLC**
Name
15 Esquire
Number Street
San Antonio, TX
City State ZIP Code

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☒ Schedule G, line **2.10**
TransWorld Leasing Corp.

3.15 **Spouse Name Not Entered**
Name
Number Street
City State ZIP Code

☒ Schedule D, line **2.1**
☐ Schedule E/F, line _____
☐ Schedule G, line _____
Albert Uresti, Bexar County Tax Appr.

3.16 **Spouse Name Not Entered**
Name
Number Street
City State ZIP Code

☒ Schedule D, line **2.2**
☐ Schedule E/F, line _____
☐ Schedule G, line _____
Broadway National Bank

Debtor 1 **Steven Jeffrey Cyr**

Case number (if known) _____

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.17 Spouse Name Not Entered
Name _____
Number _____ Street _____

City _____ State _____ ZIP Code _____

☒ Schedule D, line **2.3**
☐ Schedule E/F, line _____
☐ Schedule G, line _____
Compass Bank

3.18 Spouse Name Not Entered
Name _____
Number _____ Street _____

City _____ State _____ ZIP Code _____

☒ Schedule D, line **2.4**
☐ Schedule E/F, line _____
☐ Schedule G, line _____
Compass Bank

3.19 Spouse Name Not Entered
Name _____
Number _____ Street _____

City _____ State _____ ZIP Code _____

☒ Schedule D, line **2.8**
☐ Schedule E/F, line _____
☐ Schedule G, line _____
Firstmark Credit Union

3.20 Spouse Name Not Entered
Name _____
Number _____ Street _____

City _____ State _____ ZIP Code _____

☐ Schedule D, line _____
☒ Schedule E/F, line **4.24**
☐ Schedule G, line _____
Key Equipment Finance

3.21 Spouse Name Not Entered
Name _____
Number _____ Street _____

City _____ State _____ ZIP Code _____

☐ Schedule D, line _____
☒ Schedule E/F, line **5.5**
☐ Schedule G, line _____
Leslie M. Luttrell

3.22 Spouse Name Not Entered
Name _____
Number _____ Street _____

City _____ State _____ ZIP Code _____

☐ Schedule D, line _____
☒ Schedule E/F, line **5.6**
☐ Schedule G, line _____
Linebarger, Goggan, Blair & Sampson, LLP

3.23 Spouse Name Not Entered
Name _____
Number _____ Street _____

City _____ State _____ ZIP Code _____

☐ Schedule D, line _____
☒ Schedule E/F, line **4.36**
☐ Schedule G, line _____
SNH NS MTG Properties 2 Trust

Debtor 1 **Steven Jeffrey Cyr**

Case number (if known) _____

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.24 Spouse Name Not Entered
Name _____
Number _____ Street _____

City _____ State _____ ZIP Code _____

☒ Schedule D, line **2.11**
☐ Schedule E/F, line _____
☐ Schedule G, line _____
TransWorld Leasing Corp.

3.25 Spouse Name Not Entered
Name _____
Number _____ Street _____

City _____ State _____ ZIP Code _____

☐ Schedule D, line _____
☒ Schedule E/F, line **5.8**
☐ Schedule G, line _____
United States Attorney

3.26 Spouse Name Not Entered
Name _____
Number _____ Street _____

City _____ State _____ ZIP Code _____

☐ Schedule D, line _____
☒ Schedule E/F, line **5.9**
☐ Schedule G, line _____
United States Attorney General

Fill in this information to identify your case:

Debtor 1	<u>Steven</u>	<u>Jeffrey</u>	<u>Cyr</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>WESTERN DISTRICT OF TEXAS</u>		
Case number (if known)	_____		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
☐ Not employed

Chief Medical Officer

SA Spine

8401 Datapoint Dr., Ste 700

Number Street

San Antonio TX 78229

City

State

Zip Code

Debtor 2 or non-filing spouse

- ☐ Employed
☒ Not employed

Number Street

City

State

Zip Code

How long employed there? October 2017 to preser

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	<u>\$0.00</u>	<u>\$0.00</u>
3. Estimate and list monthly overtime pay.	<u>\$0.00</u>	<u>\$0.00</u>
4. Calculate gross income. Add line 2 + line 3.	<u>\$0.00</u>	<u>\$0.00</u>

Debtor 1 **Steven Jeffrey Cyr**

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$0.00	\$0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	\$0.00	\$0.00
5b. Mandatory contributions for retirement plans	\$0.00	\$0.00
5c. Voluntary contributions for retirement plans	\$0.00	\$0.00
5d. Required repayments of retirement fund loans	\$0.00	\$0.00
5e. Insurance	\$0.00	\$0.00
5f. Domestic support obligations	\$0.00	\$0.00
5g. Union dues	\$0.00	\$0.00
5h. Other deductions. Specify: _____	\$0.00	\$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	\$0.00	\$0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	\$0.00	\$0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	\$0.00	\$0.00
8b. Interest and dividends	\$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	\$0.00	\$0.00
8d. Unemployment compensation	\$0.00	\$0.00
8e. Social Security	\$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	\$0.00	\$0.00
8g. Pension or retirement income	\$0.00	\$0.00
8h. Other monthly income. Specify: _____	\$0.00	\$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	\$0.00	\$0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	\$0.00	\$0.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: Spouse's contribution to household	\$37,150.00	\$37,150.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.	\$37,150.00	\$37,150.00
13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: Contract 1099 income from SA Spine may begin within current year.		

Fill in this information to identify your case:

Debtor 1	<u>Steven</u>	<u>Jeffrey</u>	<u>Cyr</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>WESTERN DISTRICT OF TEXAS</u>		
Case number (if known)	_____		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
<u>Daughter</u>	<u>16</u>	<input checked="" type="checkbox"/> Yes
<u>Son</u>	<u>13</u>	<input checked="" type="checkbox"/> Yes
<u>Son</u>	<u>8</u>	<input checked="" type="checkbox"/> Yes
<u>Daughter</u>	<u>3</u>	<input checked="" type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No

☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4:	4.	\$16,400.50
4a. Real estate taxes	4a.	_____
4b. Property, homeowner's, or renter's insurance	4b.	_____
4c. Home maintenance, repair, and upkeep expenses	4c.	\$400.00
4d. Homeowner's association or condominium dues	4d.	\$220.00

Debtor 1 Steven Jeffrey Cyr

Case number (if known) _____

Your expenses

5. Additional mortgage payments for your residence, such as home equity loans	5.	_____
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	<u>\$900.00</u>
6b. Water, sewer, garbage collection	6b.	<u>\$500.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	<u>\$350.00</u>
6d. Other. Specify: <u>Cell phones</u>	6d.	<u>\$350.00</u>
7. Food and housekeeping supplies	7.	<u>\$2,300.00</u>
8. Childcare and children's education costs (See continuation sheet(s) for details)	8.	<u>\$3,620.00</u>
9. Clothing, laundry, and dry cleaning (See continuation sheet(s) for details)	9.	<u>\$620.00</u>
10. Personal care products and services	10.	<u>\$325.00</u>
11. Medical and dental expenses (See continuation sheet(s) for details)	11.	<u>\$1,540.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<u>\$630.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	<u>\$200.00</u>
14. Charitable contributions and religious donations	14.	<u>\$100.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	<u>\$1,800.00</u>
15b. Health insurance	15b.	_____
15c. Vehicle insurance	15c.	_____
15d. Other insurance. Specify: <u>See continuation sheet</u>	15d.	<u>\$2,005.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>Est. 2017 tax liability</u>	16.	<u>\$1,500.00</u>
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a.	_____
17b. Car payments for Vehicle 2	17b.	_____
17c. Other. Specify: _____	17c.	_____
17d. Other. Specify: _____	17d.	_____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	_____
19. Other payments you make to support others who do not live with you. Specify: <u>Care of elderly father</u>	19.	<u>\$2,750.00</u>

Debtor 1 Steven Jeffrey Cyr

Case number (if known) _____

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property	20a. _____
20b. Real estate taxes	20b. _____
20c. Property, homeowner's, or renter's insurance	20c. _____
20d. Maintenance, repair, and upkeep expenses	20d. _____
20e. Homeowner's association or condominium dues	20e. _____

21. Other. Specify: See continuation sheet 21. + \$575.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.	22a. <u>\$37,085.50</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b. _____
22c. Add line 22a and 22b. The result is your monthly expenses.	22c. <u>\$37,085.50</u>

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. <u>\$37,150.00</u>
23b. Copy your monthly expenses from line 22c above.	23b. - <u>\$37,085.50</u>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. <u>\$64.50</u>

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

None.

Debtor 1 Steven Jeffrey Cyr

Case number (if known) _____

8. Childcare and children's education costs (details):

Child care	\$2,600.00
Dance lessons	\$220.00
SAT prep and tutoring	\$500.00
Basketball	\$100.00
Swim lessons	\$200.00

Total:	<u>\$3,620.00</u>
--------	-------------------

9. Clothing, laundry, and dry cleaning (details):

Clothing	\$500.00
Laundry and dry cleaning	\$120.00

Total:	<u>\$620.00</u>
--------	-----------------

11. Medical and dental (details):

Prescriptions	\$100.00
Physical therapy	\$1,300.00
Orthodontics	\$140.00

Total:	<u>\$1,540.00</u>
--------	-------------------

15d. Other insurance (details):

Pool maintance	\$700.00
Yard	\$660.00
Home cleaning	\$350.00
Pest control	\$70.00
Security alarm	\$50.00
Trash	\$100.00
Dog food and vet bills	\$75.00

Total:	<u>\$2,005.00</u>
--------	-------------------

21. Other. Specify:

CPA	\$400.00
Dominion Country Club - Social membership	\$175.00

Total:	<u>\$575.00</u>
--------	-----------------

Fill in this information to identify your case:

Debtor 1	<u>Steven</u>	<u>Jeffrey</u>	<u>Cyr</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF TEXAS</u>			
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets
Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)
 - 1a. Copy line 55, Total real estate, from Schedule A/B..... \$2,035,380.00
 - 1b. Copy line 62, Total personal property, from Schedule A/B..... \$498,944.04
 - 1c. Copy line 63, Total of all property on Schedule A/B..... \$2,534,324.04

Part 2: Summarize Your Liabilities

Your liabilities
Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)
 - 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D..... \$5,648,019.57
3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)
 - 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... \$55,700.00
 - 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... + \$2,114,225.55

Your total liabilities

\$7,817,945.12

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I..... \$37,150.00
5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J..... \$37,085.50

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
☒ Yes

7. What kind of debt do you have?

- ☐ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
☒ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:

Total claim

From Part 4 on *Schedule E/F*, copy the following:

- | | |
|--|-------------|
| 9a. Domestic support obligations. (Copy line 6a.) | _____ |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | _____ |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | _____ |
| 9d. Student loans. (Copy line 6f.) | _____ |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | _____ |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + _____ |
| 9g. Total. Add lines 9a through 9f. | <div></div> |

Fill in this information to identify your case:

Debtor 1	<u>Steven</u>	<u>Jeffrey</u>	<u>Cyr</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>WESTERN DISTRICT OF TEXAS</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Steven Jeffrey Cyr
Steven Jeffrey Cyr, Debtor 1

Date 01/20/2018
MM / DD / YYYY

X _____
Signature of Debtor 2

Date _____
MM / DD / YYYY

Debtor 1	Steven	Jeffrey	Cyr
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS			
Case number			
(if known)			

page 1

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of the current year until the date you filed for bankruptcy:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
For the last calendar year:	_____	_____	_____	_____
(January 1 to December 31, <u>2017</u>)	_____	_____	_____	_____
YYY	_____	_____	_____	_____
For the calendar year before that:	_____	_____	_____	_____
(January 1 to December 31, <u>2016</u>)	_____	_____	_____	_____
YYY	_____	_____	_____	_____
	Income from Corp. Sch E	\$153,523.00		
	Bergerud Heritage Trust	\$0.00		
	_____	_____	_____	_____

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☒ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

☐ No. Go to line 7.

- ☒ Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☐ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Compass Bank Creditor's name 15 20th St S Fl 9 Number Street Birmingham AL 35233 City State ZIP Code	October, November and December 2017	\$49,201.50	\$1,725,348.00	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Internal Revenue Service Creditor's name P.O. Box 7346 Number Street Philadelphia PA 19101-7346 City State ZIP Code	10/15/2017	\$65,000.00	\$55,700.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other 2016 1040
Dominion Country Club Creditor's name One Dominion Dr Number Street San Antonio TX 78257 City State ZIP Code	9/18/2017	\$2,000.00	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other Social dues for seve

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Amex Creditor's name Po Box 297871 Number Street	January 2018	\$2,500.00		<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Fort Lauderdale City	FL State	33329 ZIP Code		

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider.

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- ☐ No
☒ Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Bank of America Insider's name Number Street	10/15/2017	\$4,500.00		Business Card for Orthopaedic & Spine Institute, LLC
City	State	ZIP Code		

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Key Equipment Finance Insider's name 1000 S. McCaslin Blvd Number Street	9/30/2017	\$12,000.00	\$412,397.24	Agreed Judgement for Orthopaedic & Spine Institute, LLC
Superior City	CO State	80027 ZIP Code		

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details.

Case title	Nature of the case	Court or agency	Status of the case
SNH NS MTG Properties 2 Trust v. Orthopaedic & Spine Institute, LLC, OSI Medical Centers, LLC and Steven Cyr, M.D.	Suit on alleged broken lease Trial January 2018	Bexar County 225th Judicial District Court Court Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number <u>2016CI00513</u>			

Case title	Nature of the case	Court or agency	Status of the case
Key Equipment Finance v. Orthopaedic & Spine Institute, LLC and Steven Cyr, Individually	Suit on equipment lease with Post Judgment Agreement	Bexar County 166th Judicial District Court Court Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case number <u>2015-CI-14681</u>			

Case title	Nature of the case	Court or agency	Status of the case
Johnny L White, Jr. MD v. Orthopaedic & Spine Institute LLC Et Al	Suit for Breach of Contract for Services	Bexar County 438th Judicial District Court Court Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number <u>2015CI20494</u>			

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?
- ☒ No
☐ Yes. Fill in the details.
12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?
- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?
- ☒ No
☐ Yes. Fill in the details for each gift.
14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?
- ☒ No
☐ Yes. Fill in the details for each gift or contribution.

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?
- ☒ No
☐ Yes. Fill in the details.

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.

- ☐ No
☒ Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Ronald J. Johnson Law Office of Ronald J. Johnson Number Street 111 Soledad, Ste 1350	Attorney fees for the representation, preparation and filing of Debtor's Chapter 7 bankruptcy, including appearance at 341 meeting of creditors and subsequent representation of Debtor as more fully described in the attached schedule 2016 (b).	8/15/2017	\$10,000.00
San Antonio TX 78205 City State ZIP Code			
ronjohnson@rjohnsonlaw.com Email or website address			
Oracle Research & Consulting, LLC Person Who Made the Payment, if Not You			

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Evergreen Financial Counseling Credit Counseling Cert. Person Who Was Paid	<u>12/27/2017</u>	<u>\$25.00</u>
Number _____ Street _____		
City _____ State _____ ZIP Code _____		
Email or website address _____		
Person Who Made the Payment, if Not You		

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☐ No
☒ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
AMEX Paid by Bergerud Heritage Trust in the ordinary course of business. Person Who Was Paid	<u>Dec 2017</u>	<u>\$8,831.02</u>
Po Box 297871 Number _____ Street _____	<u>Oct 2017</u>	<u>\$14,388.62</u>
Ft Lauderdale FL 297871 City _____ State _____ ZIP Code _____		

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
☐ Yes. Fill in the details.

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- ☐ No
☒ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date transfer was made
Bergerud Heritage Trust	8 Villers St Paul, San Antonio, TX 78257	<u>10/10/2012</u>
	Legal Description: NCB 16386 (THE CHATEAUX AT THE DOMINION PUD), BLOCK 29 LOT 48	
	BBVA Compass Bank is mortgage lienholder secured by warranty deed to Bergerud Heritage Trust	

Debtor 1	Steven Jeffrey Cyr	Case number (if known)	
Name of trust	Description and value of the property transferred	Date transfer was made	
The Steven & LeAnn Cyr Living Trust	52 Vineyards Dr. San Antonio, TX 78257	<u>10/05/2014</u>	
	Legal Description: NCB 34753A BLK 22 LOT 15 VINEYARD EST@THE DOMINION U2 "IH 10 W/DOMINION" ANNEXATN		
	Sold property 3/18/2015		
Name of trust	Description and value of the property transferred	Date transfer was made	
The Steven & LeAnn Cyr Living Trust	Legal Description: NCB 16386 (THE CHATEAUX AT THE Debtor's homestead at: 15 Esquire San Antonio, TX 78257	<u>10/05/2014</u>	
	DOMINION PUD), BLOCK 29 LOT 39		
	(BBVA Compass)		
	Deeded to The Steven & LeAnn Cyr Living Trust		
Name of trust	Description and value of the property transferred	Date transfer was made	
Bergerud Heritage Trust	2013 Bentley Continental GT	<u>06/24/2014</u>	
	(Firstmark FCU)		
	Debtor has no equity interest - signatory on lease in which liability was assigned to Trust.		
	Surrendered to lienholder 1/18/2018		
	Surrendered January 18, 2018		
Name of trust	Description and value of the property transferred	Date transfer was made	
Bergerud Heritage Trust	2016 Mercedes G550	<u>09/01/2016</u>	
	(Firstmark FCU)		
	Debtor has no equity interest - signatory on lease in which liability was assigned to Trust		
Name of trust	Description and value of the property transferred	Date transfer was made	
Bergerud Heritage Trust	2016 Cadillac Escalade ESV	<u>09/26/2016</u>	
	(Firstmark FCU)		
	Debtor has no equity interest - signatory on lease in which liability was assigned to Trust		
Name of trust	Description and value of the property transferred	Date transfer was made	
Bergerud Heritage Trust	2013 Mercedes Sprinter Van	<u>10/01/2017</u>	
	(Firstmark FCU)		
	Debtor has no equity interest - signatory on lease in which liability was assigned to Trust		

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Name of trust Bergerud Heritage Trust	Description and value of the property transferred 2015 Cadillac Escalade ESV (Firstmark FCU)	Date transfer was made <u>09/01/2016</u>
--	---	---

Debtor has no equity interest - signatory on lease in which liability was assigned to Trust

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No
☒ Yes. Fill in the details.

BBVA Compass Bank Name of Financial Institution <hr/> Bergerud Heritage Trust Account Number Street <hr/> City State ZIP Code	Last 4 digits of account number XXXX- <u>0</u> <u>2</u> <u>7</u> <u>9</u>	Type of account or instrument <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input checked="" type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other Debtor removed as signer	Date account was closed, sold, moved, or transferred <u>1/18/2018</u>	Last balance before closing or transfer <hr/>
BBVA Compass Bank Name of Financial Institution <hr/> Steven & LeAnn Cyr Living Trust Number Street <hr/> City State ZIP Code	Last 4 digits of account number XXXX- <u>3</u> <u>0</u> <u>7</u> <u>3</u>	Type of account or instrument <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other Debtor removed as signer	Date account was closed, sold, moved, or transferred <u>1/18/2018</u>	Last balance before closing or transfer <hr/>
BBVA Compass Bank Name of Financial Institution <hr/> OsteoCorps Foundation Number Street <hr/> City State ZIP Code	Last 4 digits of account number XXXX- <u>6</u> <u>9</u> <u>9</u> <u>8</u>	Type of account or instrument <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other Debtor removed as signatory	Date account was closed, sold, moved, or transferred <u>1/18/2018</u>	Last balance before closing or transfer <hr/>

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Bank of America				
Name of Financial Institution				
SA Spine, LLC	XXXX- <u>8</u> <u>0</u> <u>0</u> <u>3</u>	<input checked="" type="checkbox"/> Checking	<u>1/19/2018</u>	
Number Street		<input type="checkbox"/> Savings		
		<input type="checkbox"/> Money market		
		<input type="checkbox"/> Brokerage		
		<input checked="" type="checkbox"/> Other Debtor removed as signatory		
City State ZIP Code				

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☐ No
☒ Yes. Fill in the details.

Debtor 1 Steven Jeffrey Cyr

Case number (if known) _____

Where is the property?		Describe the property	Value
<u>Ken & Maria Cyr</u> Owner's Name		2 Field & Stream Pro 32 6 Gun Safes	<u>\$2,500.00</u>
<u>14422 Chestnut Ridge Dr.</u> Number Street	<u>15 Esquire -Garage</u> Number Street	Left Safe: Traditions Trapper 50 Caliber Black Powder Handgun-Replica Replica Black Powder Handgun Black Rifle Ruger BX-25 22 Caliber Brown Rifle Ruger 22 Caliber Brown Marlin 22 Caliber Navy Arms 50 Caliber Black Powder Rifle Browning 243 Caliber Marlin 30 Caliber Field Special 12 Gauge Exel 410 Caliber Rossi The Overland 410 Caliber	
<u>San Antonio</u> City	<u>TX</u> State ZIP Code	<u>San Antonio</u> City	<u>TX 78257</u> State ZIP Code
		Right Safe: Ruger M77 MK Rifle Anterlered Game Winchester Rifle Model 94 30 Caliber Ruger Model 10/ 22 Winchester Model 94 AE 30 Caliber Sears Singleshot 20 Gauge Browning Shotgun Model 28 12 Gauge Jennings 22 Caliber Handgun	
		150 rounds 22 Caliber shells 80 12 guage shotgun shells	
		All of the above are owned by Debtor's parents, Debtor's father is now residing in an adult care facility. Debtor's mother placed the above in Debtor's care when her husband began exhibiting early symptoms of dementia.	

Debtor 1 Steven Jeffrey Cyr

Case number (if known) _____

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☒ An owner of at least 5% of the voting or equity securities of a corporation
- ☐ No. None of the above applies. Go to Part 12.
☒ Yes. Check all that apply above and fill in the details below for each business.

Orthopaedic & Spine Institute, LLC
Business Name

8401 Datapoint Dr.
Number Street

Ste. 700

San Antonio TX 78229
City State ZIP Code

Describe the nature of the business
Medical practice- Orthopaedic

Name of accountant or bookkeeper
Norbert Gonzales, Jr.

Employer Identification number
Do not include Social Security number or ITIN.

EIN: 2 0 - 4 0 5 6 4 5 4

Dates business existed

From 12/12/2005 To Present

Debtor 1 Steven Jeffrey Cyr

Case number (if known) _____

Describe the nature of the business

OSI Medical Management, LLC

Business Name

15 Esquire

Number Street

Name of accountant or bookkeeper

San Antonio TX 78257

City State ZIP Code

Describe the nature of the business

Osteocorpus Non-Profit Foundation,

Business Name

Number Street

Name of accountant or bookkeeper

City State ZIP Code

Spine & Orthopaedic Institute, LLC

Business Name

15 Esquire

Number Street

Describe the nature of the business

Prior name of the entity now known as
Orthopaedic & Spine Institute, LLC

Name of accountant or bookkeeper

San Antonio TX 78257

City State ZIP Code

Describe the nature of the business

Neurosteon Spine, LLC

Business Name

15 Esquire

Number Street

Name of accountant or bookkeeper

San Antonio TX 78257

City State ZIP Code

Describe the nature of the business

Steven J. Cyr, M.D., P.A.

Business Name

15 Esquire

Number Street

Orthopaedic Medicine

Name of accountant or bookkeeper

Norbert Gonzales, Jr.

San Antonio TX 78257

City State ZIP Code

Describe the nature of the business

OsteoCorps, LLC

Business Name

8401 Datapoint Dr

Number Street

Name of accountant or bookkeeper

Suite 700

San Antonio TX 78257

City State ZIP Code

Employer Identification number

Do not include Social Security number or ITIN.

EIN: _____

Dates business existed

From 02/13/2012 To Present

Employer Identification number

Do not include Social Security number or ITIN.

EIN: _____

Dates business existed

From _____ To _____

Employer Identification number

Do not include Social Security number or ITIN.

EIN: _____

Dates business existed

From 12/12/2005 To 04/5/2010

Employer Identification number

Do not include Social Security number or ITIN.

EIN: _____

Dates business existed

From 05/05/2010 To 12/2012

Employer Identification number

Do not include Social Security number or ITIN.

EIN: _____

Dates business existed

From 11/04/2009 To Present

Employer Identification number

Do not include Social Security number or ITIN.

EIN: _____

Dates business existed

From 7/21/2015 To Present

Debtor 1 **Steven Jeffrey Cyr**

Case number (if known) _____

ASAP Ortho
Business Name
15 Esquire
Number Street
Describe the nature of the business
Assumed name for Orthopaedic & Spine Institute, LLC

Name of accountant or bookkeeper

San Antonio TX 78257
City State ZIP Code

Texas Spine & Orthopaedic Institute
Business Name
15 Esquire
Number Street
Describe the nature of the business
Assumed name for Orthopaedic & Spine Institute, LLC

Name of accountant or bookkeeper

San Antonio TX 78257
City State ZIP Code

Water's Edge at Sunrise Beach Villag
Business Name
9310 Creeks Edge Cir
Number Street
Describe the nature of the business
Home Owners Association

Name of accountant or bookkeeper

Austin TX 78733
City State ZIP Code

Victory Medical Center Landmark, LF
Business Name
5330 N. Loop 1604 West
Number Street
Describe the nature of the business
A health care institution providing patient treatment with specialized staff & equipment 24/7.
The Bergerud Heritage Trust owned 6% interest with Debtor, as Trustee of said trust.

Name of accountant or bookkeeper

San Antonio TX 78249
City State ZIP Code

Employer Identification number
Do not include Social Security number or ITIN.

EIN: _____

Dates business existed

From 1/31/2014 To Present

Employer Identification number
Do not include Social Security number or ITIN.

EIN: _____

Dates business existed

From 12/28/2005 To 12/28/2015

Employer Identification number
Do not include Social Security number or ITIN.

EIN: _____

Dates business existed

From 07/24/2001 To Present

Employer Identification number
Do not include Social Security number or ITIN.

EIN: 3 8 - 3 8 9 9 6 8 9

Dates business existed

From 2/21/2013 To 8/2015

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
☐ Yes. Fill in the details below.

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Steven Jeffrey Cyr
Steven Jeffrey Cyr, Debtor 1

X _____
Signature of Debtor 2

Date 01/20/2018

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
☐ Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Steven	Jeffrey	Cyr
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Hold Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: Compass Bank	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: Debtor's Homestead		
Creditor's name: Firstmark Credit Union	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: 2013 Mercedes Benz 2500 Sprinter Van		
Creditor's name: TFC Equipment Lease	<input checked="" type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt: Office copiers and printers		

Debtor 1 **Steven Jeffrey Cyr** Case number (if known) _____

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

Creditor's name: **TransWorld Leasing Corp.**
Description of property securing debt: **1 Viztek Compact Straight Arm Dr System**

- ☒ Surrender the property.
☐ Retain the property and redeem it.
☐ Retain the property and enter into a *Reaffirmation Agreement*.
☐ Retain the property and [explain]:

- ☐ No
☐ Yes

Creditor's name: **TransWorld Leasing Corp.**
Description of property securing debt: **U-Arm Package**

- ☒ Surrender the property.
☐ Retain the property and redeem it.
☐ Retain the property and enter into a *Reaffirmation Agreement*.
☐ Retain the property and [explain]:

- ☐ No
☐ Yes

Creditor's name: **TransWorld Leasing Corp.**
Description of property securing debt: **See Schedule C**

- ☒ Surrender the property.
☐ Retain the property and redeem it.
☐ Retain the property and enter into a *Reaffirmation Agreement*.
☐ Retain the property and [explain]:

- ☐ No
☐ Yes

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will this lease be assumed?

Lessor's name: **2014 Highpoint, LP**
Description of leased property: **Lease on office space located at: 8401 Datapoint Dr. San Antonio, TX 78229**

- ☒ No
☐ Yes

Lessor's name: **Firstmark Credit Union**
Description of leased property: **2013 Bentley Continental GT Debtor is signatory on auto lease assigned to Bergerud Heritage Trust on June 24,2014.**

- ☒ No
☐ Yes

Lessor's name: **Firstmark Credit Union**
Description of leased property: **2016 Mercedes Benz 2500 Sprinter Debtor is signatory on auto lease assigned to Bergerud Heritage Trust on September 1,2016.**

- ☒ No
☐ Yes

Lessor's name: **Firstmark Credit Union**
Description of leased property: **2016 Cadillac Escalade ESV Debtor is signatory on auto lease assigned to Bergerud Heritage Trust on September 26,2016.**

- ☒ No
☐ Yes

Lessor's name: **Firstmark Credit Union**
Description of leased property: **2013 Mercedes Benz 2500 Sprinter Van Debtor is signatory on auto lease assigned to Bergerud Heritage Trust on October 1,2017.**

- ☒ No
☐ Yes

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Describe your unexpired personal property leases

Will this lease be assumed?

Lessor's name: **Gm Financial**
Description of leased property: **2015 Cadillac Escalade ESV**
Debtor is signatory on auto lease assigned to Bergerud Heritage Trust on September 1, 2016.

☒ No
☐ Yes

Lessor's name: **Pitney Bowes**
Description of leased property: **Postage machine lease**

☒ No
☐ Yes

Lessor's name: **TFC Equipment Lease**
Description of leased property: **Office copiers and printers**

☒ No
☐ Yes

Lessor's name: **TransWorld Leasing Corp.**
Description of leased property: **Lease on medical equipment:**
1 Viztek Compact Straight Arm Dr System
1 Standard Moding Table
1 Additional Study Volum for Opal PACS

☒ No
☐ Yes

Lessor's name: **TransWorld Leasing Corp.**
Description of leased property: **U-Arm Package**

☒ No
☐ Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and personal property that is subject to an unexpired lease.

X /s/ Steven Jeffrey Cyr

Steven Jeffrey Cyr, Debtor 1

X _____

Signature of Debtor 2

Date 01/20/2018
MM / DD / YYYY

Date _____
MM / DD / YYYY

B2030 (Form 2030) (12/15)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION**

In re **Steven Jeffrey Cyr**

Case No. _____

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	<u>\$10,000.00</u>
Prior to the filing of this statement I have received.....	<u>\$10,000.00</u>
Balance Due.....	<u>\$0.00</u>

2. The source of the compensation paid to me was:

☐ Debtor ☒ Other (specify)
Oracle Research & Consulting, LLC

3. The source of compensation to be paid to me is:

☐ Debtor ☒ Other (specify)
Oracle Research & Consulting, LLC

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Representation and services rendered on behalf of Debtor to Creditors six months prior to filing the petition. Preparation of Motions, Responses, Applications and appearances at reaffirmation and bankruptcy hearings on Debtor's behalf.

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

01/20/2018

Date

/s/ Ronald J. Johnson

Ronald J. Johnson

Bar No. 10787500

The Law Office of Ronald J. Johnson

111 Soledad, Ste 1350

San Antonio, TX 78205

Phone: (210) 472-0500 / Fax: (210) 472-0515

/s/ Steven Jeffrey Cyr

Steven Jeffrey Cyr

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION**

IN RE: **Steven Jeffrey Cyr**

CASE NO

CHAPTER **7**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 1/20/2018

Signature /s/ Steven Jeffrey Cyr
Steven Jeffrey Cyr

Date _____

Signature _____

2014 Highpoint, LP
8401 Datapoint Dr.
San Antonio, TX 78229

A.R.M. Solutions, Inc.
PO Box 3666
Camarillo, CA 93011

Albert Uresti, Bexar County Tax Appr.
233 N. Pecos La Trinidad
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Alt Bentley Yates & All American Benefit
PO Box 520
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Assess MD, LLC
5100 Eldorado Pkwy , Ste 102-208
McKinney, TX 75070

Athena Health
PO Box 415615
Boston, MA 02241-5615

Bergerud Heritage Trust
15 Esquire
San Antonio, TX 78257

Blue Star Radiology Services
One Cowboys Parkway
Irving, TX 75063

Broadway National Bank
1177 Ne Loop 410
San Antonio, TX 78209

Caine & Weiner LLC
16200 Addison Rd
Addison, TX 75001

Compass Bank
15 20th St S Fl 9
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Dicom Solutions, Inc
548 Wald
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Epimed International, Inc
141 Sal Landrio Dr
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Euler Hermes Collections
800 Red Brook Blvd, Ste 400C
Owings Mills, MD 21117

Execupay Holdings, LLC
2231 Center, St #109b
Deer Park, TX 77536

Exscribe, Inc.
5 W. Fourth St
Bethlehem, PA 18015

First Data Merchant Services
PO Box 407092
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Firstmark Credit Union
2023 Gold Canyon Dr
San Antonio, TX 78232

Gm Financial
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Health Career Services, LLC
4925 Greenville Ave., Ste 200
Dallas, TX 75206

Holmgren, Johnson, Mitchell, Madden, LP
Mitchell Madden
13800 Montfort Dr., Ste 160
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Linda D'Spain
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Wolters Kluwer
PO Box 1590
Hagerstown, MD 21740

Fill in this information to identify your case:

Debtor 1	<u>Steven</u>	<u>Jeffrey</u>	<u>Cyr</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS			
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 122A-1Supp

Statement of Exemption from Presumption of Abuse Under § 707(b)(2)

12/15

File this supplement together with Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

Part 1: Identify the Kind of Debts You Have

1. **Are your debts primarily consumer debts?** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101).
- ☒ No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.
- ☐ Yes. Go to Part 2.

Part 2: Determine Whether Military Service Provisions Apply to You

2. **Are you a disabled veteran (as defined in 38 U.S.C. § 3741(1))?**
- ☐ No. Go to line 3.
- ☐ Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
- ☐ No. Go to line 3.
- ☐ Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.
3. **Are you or have you been a Reservist or member of the National Guard?**
- ☐ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1)
- ☐ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Check any one of the following categories that applies:
- ☐ I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.
- ☐ I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on _____ which is fewer than 540 days before I file this bankruptcy case.
- ☐ I am performing a homeland defense activity for at least 90 days.
- ☐ I performed a homeland defense activity for at least 90 days, ending on _____, which is fewer than 540 days before I file this bankruptcy case.

If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now* and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The exclusion period means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later.

Fill in this information to identify your case:				Check one box only as directed in this form and in Form 122A-1Supp:	
Debtor 1	Steven <small>First Name</small>	Jeffrey <small>Middle Name</small>	Cyr <small>Last Name</small>	<input checked="" type="checkbox"/> 1. There is no presumption of abuse. <input type="checkbox"/> 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2). <input type="checkbox"/> 3. The Means Test does not apply now because of qualified military service but it could apply later.	
Debtor 2 (Spouse, if filing)	 <small>First Name</small>	 <small>Middle Name</small>	 <small>Last Name</small>		
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS					
Case number (if known)	 			<input type="checkbox"/> Check if this is an amended filing	

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☐ **Not married.** Fill out Column A, lines 2-11.
- ☐ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	<i>Column A</i> Debtor 1	<i>Column B</i> Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).		
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.		
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.		

Debtor 1 Steven Jeffrey Cyr

Case number (if known) _____

Column A
Debtor 1

Column B
Debtor 2 or
non-filing spouse

5. Net income from operating a business, profession, or farm

	Debtor 1	Debtor 2	
Gross receipts (before all deductions)	_____	_____	
Ordinary and necessary operating expenses	— _____	— _____	
Net monthly income from a business, profession, or farm	_____	_____	Copy here → _____

6. Net income from rental and other real property

	Debtor 1	Debtor 2	
Gross receipts (before all deductions)	_____	_____	
Ordinary and necessary operating expenses	— _____	— _____	
Net monthly income from rental or other real property	_____	_____	Copy here → _____

7. Interest, dividends, and royalties

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:↓

For you..... _____

For your spouse..... _____

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

+ _____ + _____

11. Calculate your total current monthly income.

Add lines 2 through 10 for each column.

Then add the total for Column A to the total for Column B.

	+		=	
--	---	--	---	--

**Total current
monthly income**

Debtor 1 Steven Jeffrey Cyr Case number (if known) _____

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11.....**Copy line 11 here** → 12a.
Multiply by 12 (the number of months in a year). **X 12**
12b. The result is your annual income for this part of the form. 12b.

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.
Fill in the number of people in your household.
Fill in the median family income for your state and size of household..... 13.
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

- 14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.
14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Steven Jeffrey Cyr
Steven Jeffrey Cyr, Debtor 1

Date 1/20/2018
MM / DD / YYYY

X _____
Signature of Debtor 2

Date _____
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.